

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90401 013 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P03000077054 1. Entity Name CARS AND CREDIT, INC. | | | | | |
| Principal Place of Business 6438 E. COLONIAL DRIVE ORLANDO, FL 32807 | | | Mailing Address 6438 E. COLONIAL DRIVE ORLANDO, FL 32807 | | |
| 2. Principal Place of Business | | 3. Mailing Address 3411 N. HWY. 19A | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State MOUNT DORA, FL | | 4. FEI Number 56-2377719 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 32757 | | U.S. | | 04022005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent YILOIRIM, SAVAS 6438 E. COLONIAL DRIVE ORLANDO, FL 32807 | | | 7. Name and Address of New Registered Agent Name SHERILL HINZ Street Address (P.O. Box Number is Not Acceptable) 3411 N. HIGHWAY 19A City MOUNT DORA FL Zip Code 32757 | | |
| B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u><i>Sherill Hinz</i></u> SHERILL HINZ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ATES, GELIS 7961 SLOOP PLACE, #208 ORLANDO, FL 32825 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V YILDIRIM, SAVAS 9640 LUPINE AVENUE ORLANDO, FL 32824 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| X SIGNATURE: <u><i>[Signature]</i></u> 4/28/2005 407-447-5973 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |