

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/6/

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90008 028 \*\*\*150.00

<b>DOCUMENT # P03000147146</b>						
<b>1. Entity Name</b> LANCASTER AUTO CARE INC.						
<b>Principal Place of Business</b> 6801 SCYTHE AVE. ORLANDO, FL 32812 <b>500 W LANCASTER ORLANDO FL. 32809</b>			<b>Mailing Address</b> 6801 SCYTHE AVE. ORLANDO, FL 32812			
<b>2. Principal Place of Business</b> 500 W. Lancaster Rd		<b>3. Mailing Address</b> 500 W. Lancaster Rd				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> Orlando, FL		<b>City &amp; State</b> Orlando, FL		<b>4. FEI Number</b> 20-0492402		
<b>Zip</b> 32809		<b>Country</b> Orange		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> SOS, FARANK M 6801 SCYTHE AVE. ORLANDO, FL 32812		<b>7. Name and Address of New Registered Agent</b> Name: <b>SOS, FAROUK M</b> Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:				
<b>8. 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.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing)						
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P	<b>NAME</b> SOS, FARANK M		<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> SOS, FAROUK M	
<b>STREET ADDRESS</b> 6801 SCYTHE AVE.	<b>CITY - ST - ZIP</b> ORLANDO, FL 32812		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 6801 SCYTHE AVE.	<b>CITY - ST - ZIP</b> ORLANDO, FL 32812	
<b>TITLE</b> V	<b>NAME</b> MANSOUR, WEFKY R		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> MANSOUR, WEFKY R	
<b>STREET ADDRESS</b> 6801 SCYTHE AVE.	<b>CITY - ST - ZIP</b> ORLANDO, FL 32812		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 500 W. LANCASTER RD	<b>CITY - ST - ZIP</b> ORLANDO, FL 32809	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.</b>						
<b>SIGNATURE:</b> <i>[Signature]</i>			<b>7/1/04 (407) 855 5254</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			

66430782



07012004 Chg-P CR2E034 (10/03)



**BARBER & LATTO**

**CERTIFIED PUBLIC ACCOUNTANTS**

*Heidi Latto*

639 Ramona Lane  
Orlando, Florida 32805  
(407) 843-9582 tel  
(407) 841-2477 fax

66430782

July 24, 2004

Florida Dept of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Reference Number: P03000147146

Dear Sir,

I am writing to you on behalf of Lancaster Auto Care, Inc. to request an abatement of the \$400 late fee imposed. The reason for late filing is that the client, Farouk Sos, President of Lancaster Auto Care, did not receive the post card you mail out to notify taxpayers of their filing requirement. The mailing address 6801 Scythe Ave is Mr. Sos's Residence in Orlando, and he had all of his business mail delivered there until he obtained a business address. Unfortunately, his business mail has been delivered to 6802 Scythe Ave and he did not receive his mail. We have since changed the business mailing address to 500 W. Lancaster Road, Orlando, to avoid further problems.

In light of these events, I want to ask you to find a way to forgive the penalty. We would appreciate this opportunity.

Sincerely,

Heidi Latto

Heidi Latto, C.P.A.