

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147146

Entity Name: LANCASTER AUTO CARE INC.

FILED
Mar 29, 2008
Secretary of State

Current Principal Place of Business:

500 WEST LANCASTER
ORLANDO, FL 32809

New Principal Place of Business:

500 WEST LANCASTER RD.
ORLANDO, FL 32809

Current Mailing Address:

500 WEST LANCASTER
ORLANDO, FL 32809

New Mailing Address:

500 WEST LANCASTER RD.
ORLANDO, FL 32809

FEI Number: 20-0492402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOS, FAROUK M
6801 SCYTHE AVE.
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOS, FAROUK M
Address: 6801 SCYTHE AVE.
City-St-Zip: ORLANDO, FL 32812

Title: V () Delete
Name: MANSOUR, WEFKY R
Address: 500 W. LANCASTER RD
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAROUK M SOS

PRS

03/29/2008

Electronic Signature of Signing Officer or Director

Date