## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P04000044328** 1. Entity Name ENHANCED AUTO CARE INC. Principal Place of Business Mailing Address 1766 34TH ST 1766 34TH ST SARASOTA, FL 34234 SARASOTA, FL 34234 04222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 14-1904810 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, CALVIN DO NOT WRITE 1766 34TH ST SARASOTA, FL 34234 IN THIS SPACE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required whon reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILLIAMS, BETHSAIDA NAME STREET ADDRESS **1766 34TH STREET** CITY-ST-ZIP SARASOTA, FL 34234 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE:

changed, or on an attachment

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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