

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90078 030 \*\*\*150.00

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03202006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000124006</b>					
1. Entity Name <b>ELITE AUTOMOTIVE CAR CARE, INC.</b>					
Principal Place of Business <b>6109 RIDGE CREST DR PT RICHEY, FL 34668</b>			Mailing Address <b>6109 RIDGE CREST DR PT RICHEY, FL 34668</b>		
2. Principal Place of Business <b>8255 Kristel Circle</b>		3. Mailing Address <b>9802 Hermosillo Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Port Richey, FL</b>		City & State <b>FL</b>			
Zip <b>34654</b>	Country <b>USA</b>	Zip <b>34655</b>	Country <b>USA</b>		
4. FEI Number <b>27-0106170</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GIANNAS, MELISSA 9802 HERMOSILLO DR NEW PT RICHEY, FL 34655</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIANNAS, COSMO 9802 HERMOSILLO DR PT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSTANTAROS, DUS 5835 BANTAM AVENUE NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIANNAS, MELISSA 9202 HERMOSILLO DR PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Cosmo Giannas</u> - <u>Cosmo Giannas</u> 4/10/06 (727) 375-9800					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					