

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90246 046 ***150.00

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1. Entity Name
HHHT AUTO CARE INC.



Principal Place of Business
**1510 8TH AVENUE W.
PALMETTO, FL 34221 US**

Mailing Address
**1510 8TH AVENUE W.
PALMETTO, FL 34221 US**

DO NOT WRITE IN THIS SPACE



02172006 No Chg-P CR2E034 (11/05)

4. **42-1070338** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STANEK, TRACI
7425 36TH AVENUE, E.
PALMETTO, FL 34221**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STANEK, TRACI
STREET ADDRESS	7425 36TH AVENUE, E.
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	SEC
NAME	STANEK, TRACI
STREET ADDRESS	7425 36TH AVENUE, E.
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	DIR
NAME	STANEK, TRACI
STREET ADDRESS	7425 36TH AVENUE, E.
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	TREA
NAME	STANEK, TRACI
STREET ADDRESS	7425 36TH AVENUE, E.
CITY - ST - ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: *Traci Stanek*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3606

941-721-3888

Date

Daytime Phone #