

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P04000132935

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



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1676338
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000875555
04/11/08-20038-017-150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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 McIntyre PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-808

941-721-3888