

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143488

Entity Name: S & C QUALITY CAR CARE, INC.

FILED  
Mar 01, 2009  
Secretary of State

**Current Principal Place of Business:**

219 6TH ST., SW  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

219 6TH ST., SW  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 20-1785831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRAUGHN, RICHARD E  
255 MAGNOLIA AVE., SW  
WINTER HAVEN, FL 33883 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: D ( ) Delete  
Name: DELLOVA, SHARON L  
Address: 219 6TH ST., SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: DELLOVA, CHARLES J  
Address: 219 6TH ST., SW  
City-St-Zip: WINTER HAVEN, FL 33880

**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: SHARON DELLOVA

PRES

03/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date