

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90345 037 \*\*\*150.00

<b>DOCUMENT # P05000116219</b> 1. Entity Name <b>TOM PAPINEAU'S COMPLETE AUTO CARE INC</b>					
Principal Place of Business <b>8950 DR MLK ST NORTH SUITE 130 SAINT PETERSBURG, FL 33702</b>			Mailing Address <b>PO BOX 55368 SUITE C1506 SAINT PETERSBURG, FL 33732</b>		
2. Principal Place of Business - No P.O. Box # <b>1800 - 28th STREET NORTH</b>		3. Mailing Address <b>Delete Suite C1506</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Delete Suite C1506</b>			
City & State <b>ST PETERSBURG FLORIDA</b>		City & State 		4. FEI Number <b>20-3386058</b>	
Zip <b>33713</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WINEBRENNER, JACK M 8950 DR. MARTIN LUTHER KING ST NORTH SUITE #130 SAINT PETERSBURG, FL 33702</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1384 - 54th AVE NE</b> City <b>ST PETERSBURG</b> <b>FL</b> Zip Code <b>33703</b>		
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 registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <input type="checkbox"/> Delete <b>PAPINEAU, THOMAS A 1029 27TH STREET NORTH ST PETERSBURG, FL 33713</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			<b>Thomas Papineau</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/24/08 727/327-1256 Date Daytime Phone #		