## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000143975

SEMINOLE, FL 33772

Entity Name: FLEET CARE OF NEW ENGLAND INC

FILED Jan 24, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

8396 111ST N 4888 VALLEY FIELD DR 310 OLDSMAR, FL 34677

Current Mailing Address: New Mailing Address:

P O BOX 3762 P O BOX 943

SEMINOLE, FL 33775 SAFETY HARBOR, FL 34695

FEI Number: 03-0572193 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SWIERK, ALAN D
8396 111 ST N
310
SEMINOLE, FL FL US
SEMINOLE, FL FL US
SWIERK, ALAN D
4888 VALLEY FIELD DR
OLDSMAR, FL 34677 US

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: 01/24/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

PSTD ( ) Delete Title: PSTD (X) Change ( ) Addition

 Name:
 SWIERK, ALÂN D
 Name:
 SWIERK, ALÂN D

 Address:
 8396 111 ST N #310
 Address:
 4888 VALLEY FIELD DR

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:
 OLDSMAR, FL 34677

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 SWIERK, MARILYN
 Name:
 SWIERK, MARILYN

 Address:
 8396 111 ST N. #310
 Address:
 4888 VALLEY FIELD DR

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:
 OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN D SWIERK PRES 01/24/2007