


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000079469	
1. Entity Name MARC'S AUTO CREATIONS, INC.	

Principal Place of Business 8967-1 PHILIPS HWY JACKSONVILLE, FL 32256	Mailing Address 8967-1 PHILIPS HWY JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



03082008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1967755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CUEVAS, MARCUS A 577 E SILVERTHORN LANE ST AUGUSTINE, FL 32095
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U60000923347 05/16/08-80027-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CUEVAS, MARCUS A 577 E SILVERTHORN LANE ST AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COLON, MIRTA 577 W SILVERTHORN LANE ST AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	4-22-08	904.519.5000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>