

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90054 025 ***150.00

DOCUMENT # P07000004359 1. Entity Name FLORIDA CAR CREDIT, INC			
Principal Place of Business 350 34TH ST. SOUTH ST. PETERSBURG, FL 33710		Mailing Address 12504 LAGOON LANE TREASURE ISLAND, FL 33706	
2. Principal Place of Business - No P.O. Box # 350 34th St. So		3. Mailing Address 12504 Lagoon Lane	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State St Petersburg, FL		City & State Treasure Island, FL	
Zip 33711		Zip 33706	
Country Pinellas		Country Pinellas	
4. FEI Number 		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICE, EVERETT S 12504 LAGOON LANE TREASURE ISLAND, FL 33706		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City N/A FL Zip Code	
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: <u><i>Everett S Rice</i></u> (Zip Code Change Only) <u><i>1/20/08</i></u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete RICE, EVERETT S 12504 LAGOON LANE TREASURE ISLAND, FL 33706	☐ Change ☐ Addition 	The only change for 2008 is the Zip Code for place of business as it was wrong <i>E Rice</i>
NAME RICE, EVERETT S	☐ Delete RICE, LINDA T 12504 LAGOON LANE TREASURE ISLAND, FL 33708	☐ Change ☐ Addition 	
STREET ADDRESS 12504 LAGOON LANE	☐ Delete 	☐ Change ☐ Addition 	
CITY-ST-ZIP TREASURE ISLAND, FL 33706	☐ Delete 	☐ Change ☐ Addition 	
TITLE VP	☐ Delete 	☐ Change ☐ Addition 	
NAME RICE, LINDA T	☐ Delete 	☐ Change ☐ Addition 	
STREET ADDRESS 	☐ Delete 	☐ Change ☐ Addition 	
CITY-ST-ZIP 	☐ Delete 	☐ Change ☐ Addition 	
TITLE 	☐ Delete 	☐ Change ☐ Addition 	
NAME 	☐ Delete 	☐ Change ☐ Addition 	
STREET ADDRESS 	☐ Delete 	☐ Change ☐ Addition 	
CITY-ST-ZIP 	☐ Delete 	☐ Change ☐ 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 address, with all other persons empowered.			
SIGNATURE: <u><i>Everett S Rice</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	