2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90054 025 ***150.00

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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

01152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 350 34th St. So
Suite, Apt. #, etc.
City & State St Petersburg, FL
Zip 33711 Country Pinellas

3. Mailing Address 12504 Lagoon Lane
Suite, Apt. #, etc.
City & State Treasure Island, FL
Zip 33706 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)
N/A
City 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 Everett S Rice (Zip Code Change Only) 1/20/08
Signature (typed or printed) name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	TITLE	☐ Change ☐ Addition
NAME	RICE, EVERETT S	NAME	
STREET ADDRESS	12504 LAGOON LANE	STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RICE, LINDA T	NAME	
STREET ADDRESS	12504 LAGOON LANE	STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND, FL 33708	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

The only change for 2008 is the Zip Code for place of business as it was wrong E Rice

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: Everett S Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #