## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2007 08:00 AM Secretary of State DOCUMENT # P93000008516 CONSUMER CAR CARE TIRE & AUTO CENTERS, INC. Principal Place of Business Malling Address 7185 ROYAL OAK DR 7185 ROYAL OAK DR SPRING HILL, FL 34607 US SPRING HILL, FL 34607 US No Chg-P CR2E034 (11/05) 03292007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3159938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ERCOLANO, RAYMOND P DO NOT WRITE 7185 ROYAL OAK DR SPRING HILL, FL 34607 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PVST** TITLE ERCOLANO, RAYMOND P NAME STREET ADDRESS 7185 ROYAL OAK DR CITY-ST-ZIP SPRING HILL, FL 34607 U000000706174 TITLE 04/24/07-80022-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this ling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 it trustee exposered 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 attagriment of the anadyses with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07

Daytime Phone #

**FILED**