


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90182 048 ***150.00

DOCUMENT # P94000015022

1. Entity Name
NU-CAR SERVICES, INC.



Principal Place of Business Mailing Address

**16283 S TAMiami TRAIL
 FORT MYERS, FL 33908 US**

**12670 NEW BRITANNY BLVD.
 SUITE 101
 FT. MYERS, FL 33907**

2. Principal Place of Business - No P.O. Box #


3. Mailing Address
old **JOHN M. WICKER, P.A.
 P.O. DRAWER 60206
 FORT MYERS, FL 33906**

Suite, Apt. #, etc. Site, Apt. #

City & State City & State

Zip Country Zip Country

60055603



01092008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0470036 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D
 12670 NEW BRITANNY BLVD.
 SUITE 101
 FT. MYERS, FL 33907**

7. Name and Address of New Registered Agent

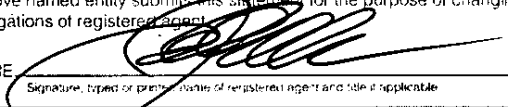
Name **JOHN M. WICKER, P.A.**

Street **12670 NEW BRITANNY BLVD., STE 101**

City **FORT MYERS, FL 33907**

ip 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:  DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHR, RANDALL J	NAME	
STREET ADDRESS	135 PLACID DR.	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	
TITLE	DVST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHR, LINDA M	NAME	
STREET ADDRESS	135 PLACID DR.	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **4-7-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Printed Name)

RANDALL J. MOHR