

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000044480

1. Entity Name
CHANG'S CAR CARE INC.



FILED
Apr 11, 2007 08:00 AM
Secretary of State

Principal Place of Business
2714 ORLANDO DR.
UNIT 1
SANFORD FL 32773
US

Mailing Address
2714 ORLANDO DR.
UNIT 1
SANFORD FL 32773
US



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-3249490**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEVERLY MORRIS 1121 N. PINE HILLS ROAD ORLANDO FL 32773		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ 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	CHANG, SHELDON H.	NAME	
STREET ADDRESS	1244 TWIN RIVERS BLVD	STREET ADDRESS	U000000639948
CITY-STATE-ZIP	OVIEDO FL 32766	CITY-STATE-ZIP	04/19/07-80063-013 150.00
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, GLORIA	NAME	
STREET ADDRESS	106 RAMBLEWOOD DR.	STREET ADDRESS	
CITY-STATE-ZIP	SANFORD FL 32773	CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA CHANG	NAME	
STREET ADDRESS	106 RAMBLEWOOD DR.	STREET ADDRESS	
CITY-STATE-ZIP	SANFORD FL 32773	CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, SHELDON	NAME	
STREET ADDRESS	1244 TWIN RIVERS DR.	STREET ADDRESS	
CITY-STATE-ZIP	OVIEDO FL 32766	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gloria Chang TREASURER 4/9/07 407 322-4924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone