2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064294

IBBOTSON, FRANK

NEW SMYRNA BEACH, FL 32169

704 BO JENE CIR

Name:

Address:

City-St-Zip:

Entity Name: LAKE MARY CAR CARE CENTER INC

FILED Apr 12, 2008 Secretary of State

Littly Na	IIIE. LANE WI	ART CAR CARE CENTER, II	NC.		
Current Principal Place of Business:			New Princi	New Principal Place of Business:	
	E EMMA ROA RY, FL 32746	D US			
Current Mailing Address:			New Mailin	New Mailing Address:	
	E EMMA ROA RY, FL 32746	D US			
FEI Number	: 59-3370371	FEI Number Applied For()	FEI Number Not Applic	cable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:	
SUITE 301	RECIRCLE	, FL 32714 US			
	e named entity e of Florida.	submits this statement for the	e purpose of changing its	s registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (IBBOTSON, C 1091 HENLEY HEATHROW, I	DOWNS PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLAKE, PHILII 259 MINORCA) Delete D BEACH WAY #703 A BEACH, FL 32169	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (SCHISSEL, AN 310 SOUTH P LONGWOOD,	RESSVIEW	Name: Address:	VPD (X) Change () Addition SCHISSEL, ANTHONY 5021 SAN MARINO CIRCLE LAKE MARY, FL 32746	
Title:	VPD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PHILIP BLAKE D 04/12/2008