

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079120

Entity Name: EXECUTIVE AUTO CARE, INC.

FILED
Apr 05, 2004
Secretary of State

Current Principal Place of Business:

URBAN CENTRE ONE
4830 W. KENNEDY BLVD 7TH FLOOR
TAMPA, FL 33609 US

New Principal Place of Business:

9420 LAZY LANE
UNIT D9
TAMPA, FL 33614 US

Current Mailing Address:

5425 WINDBRUSH DR
TAMPA, FL 33625 US

New Mailing Address:

PO BOX 271852
TAMPA, FL 33688 US

FEI Number: 59-3341837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECHARD, ALBERT
5425 WINBRUSH DR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

DECHARD, ALBERT
PO BOX 271852
TAMPA, FL 33688 US

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.

SIGNATURE:

04/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DECHARD, MARY KATHLEEN
Address: 6036 RT 9 SOUTH
City-St-Zip: RHINEBECK, NY 12572

Title: D () Delete
Name: DECHARD, ALBERT
Address: 5425 WINDBRUSH DR
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DECHARD, ALBERT
Address: 10911 WINTER OAK PLACE
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: ALBERT DECHARD

D

04/05/2004

Electronic Signature of Signing Officer or Director

Date