

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90015 045 ***150.00

DOCUMENT # P96000094751

1. Entity Name
STUART'S CAR CARE CENTER, INC.



Principal Place of Business
219 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL

Mailing Address
219 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL

50000477



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3417251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, THOMAS D
340 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | D |
| NAME | WINKLER, STUART |
| STREET ADDRESS | 219 NORTH DIXIE FREEWAY |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | D |
| NAME | WINKLER, LIANN |
| STREET ADDRESS | 219 NORTH DIXIE FREEWAY |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Stuart Winkler LiAnn Winkler

2-7-06.

386-427-7881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #