

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094751

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

219 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL

New Principal Place of Business:

219 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

219 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL

New Mailing Address:

219 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-3417251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINKLER, STUART
Address: 219 NORTH DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: WINKLER, LIANN
Address: 219 NORTH DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WINKLER, STUART J PRES
Address: 219 NORTH DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Change () Addition
Name: WINKLER, LIANN J VP
Address: 219 NORTH DIXIE FREEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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.

SIGNATURE: LIANN WINKLER

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date