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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State
/03

05-09-2006 90066 006 ***150.00

DOCUMENT # P97000040687

1. Entity Name
FAMILY CAR CARE SALES & SERVICES, INC.

Principal Place of Business	Mailing Address
4502 OLD WINTER GARDEN ROAD ORLANDO, FL 32811	~~237 BAY WEST NEIGHBOR CIRCLE ORLANDO, FL 32835~~

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	710 Shadowmoss Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Winter Garden
City & State	City & State Fla
Zip / Country	Zip 34787 Country Orange

4. FEI Number 59-3442983 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCO, CESAR A
237 BAY WEST NEIGHBOR CIRCLE
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

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: C Blanco A. President 04-26-06
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CESAR BLANCO 237 BAY WEST NEIGHBOR CIR ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: C Blanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-06 407 5238676
Date Daytime Phone #

APR 28,2006 08:43 4072810255