

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90050 030 ***150.00

DOCUMENT # P97000099568

1. Entity Name
MARINA AUTO CARE CENTER, INC.



Principal Place of Business
947 CLINT MOORE ROAD
BOCA RATON, FL 33487

Mailing Address
947 CLINT MOORE ROAD
BOCA RATON, FL 33487

40012045



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0792131

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEISE, MARTIN
947 CLINT MOORE ROAD
BOCA RATON, FL 33487

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 D ☐ Delete
NAME HEISE, MARTIN
STREET ADDRESS 947 CLINT MOORE ROAD
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☒ Change ☐ Addition
NAME 947 Clint Moore Rd
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BERSON, GERALD
STREET ADDRESS 947 CLINT MOORE ROAD
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☒ Change ☐ Addition
NAME 947 Clint Moore Rd
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 reports 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 recorder 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07 561-997-0045
Date Daytime Phone #