

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P98000018962 1. Entity Name VICKERS FOREIGN CAR REPAIR, INC. |  |
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| Principal Place of Business 22 S CAHOON RD JACKSONVILLE, FL 32220 | Mailing Address 22 S CAHOON RD JACKSONVILLE, FL 32220 |
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DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3509428 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**OBERFORFER, E. CHARLES ESQ.
1719 BLANDING BLVD
JACKSONVILLE, FL 32210**

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000683042 04/05/07-80028-009 150.00 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VICKERS, THOMAS E 9286 DERBY ACRES LN JACKSONVILLE, FL 32220 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD VICKERS, CHARLENE 9286 DERBY ACRES LN JACKSONVILLE, FL 32220 |
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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: Charlene Vickers / Charlene Vickers 3/26/07 (904) 781-5286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #