2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

| DOCUMENT # P98000045518 1. Entity Name CONSUMER CAR CARE TIRE & AUTO CENTERS OF FLORIDA, INC. | | | | | 05-03-2004 90685 009 ***150.00 | | |
|---|--|-----------------------------------|---|---|--------------------------------|--|----------------------------|
| Principal Plac | e of Business | Mailing Address | | | , ; | | |
| 4240 COMM | | 4240 COMMERCIAL WAY | | | | | |
| SPRING HILL | ., FL 34606 | SPRING HILL, FL 34606 | | | | | |
| | | | | | | | |
| | Place of Business ORDINGS LANE | 3. Mailing Address 4249 LORDIN | GS LAN | | | | |
| Suile, Apt. | | Suite, Apt. #, etc. | _ | 04212004 | Chg-P C | R2E034 (10/03) | |
| _City & Stat | e . | City & State | | 4. FEI Number | | Ap | plied For |
| SPRING | GHILL, t-L | SPRING-HILL- | F.L. | 59-3511 | 570 | | t Applicable: |
| Zip 3460 | 07 Country USA | Zip 34607 | Country _UろA | 5. Certificate of | Status Desired | 38.75 Add Fee Required | itional |
| | 6. Name and Address of Current F | <u> </u> | | 7. Name and A | ddress of New Regist | <u> </u> | |
|] L ERCOLAN | IO, RAYMOND | | Name | | | | |
| 4240 COMMERCIAL WAY 4249 LORDINGS LANE S | | | | set Address (P.O. Box Number is Not Acceptable) | | | |
| SPRING H | HILL, FL 34606 34607 | | | | | | |
| | , ; | | City | | · | FL Zip Code | |
| 8 The above | named entity submits this statement for | the purpose of changing its reg | istered office or | registered agent or both | in the State of Florida | | and accept |
| | tions of registered agent. | and purpose of onlaringing no reg | , 4, 5, 6, 6, 1, 6, 6 | rogional agoin, or bown | The State of Florida | Tall latina High | 3.10 0000p. |
| SIGNATURE. | | | | | | | |
| | Signature, typed or printed name of registered agent a | nd tille if applicable. (NOTE: Re | gistered Agent signatu | ure required when reinstating) | | DATE | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0 | | | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND I | | 11. | ADDITIONS/C | HANGES TO OFFICER | | |
| TITLE NAME | DPST ERCOLANO, RAYMOND | ☐ Delete | TITLE Name | | AYMOND | ⊠ Change | ☐ Addition |
| STREET ADDRESS | 4240 COMMERCIAL WAY | | STREET ADDRESS | ERCOLANO, TO 4249 LORDIN | 165 LANE | | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | | CITY-ST-ZIP | SPRING HILL | , FI 3460 | <u>7 </u> | |
| TITLE NAME | | ☐ Delete | TITLE | | | | |
| STREET ADDRESS | | | NAME . | | | ☐ Change | Addition |
| 0171 CT 310 | | | NAME Street address | | | ☐ Change | Addition |
| _ CITY_ST-ZIP | | The Control of the Control | | | | Change | Addition |
| TITLE | | ☐ Delete | STREET ADDRESS CITY:ST-ZIP TITLE | s participants in magning | | ☐ Change | Addition |
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| TITLE | | ☐ Delete | STREET ADDRESS CITY:ST-ZIP TITLE | - Andrew Same | | *** | · |
| TITLE NAME STREET ADDRESS | | ☐ Delete | STREET ADDRESS CITY:ST-ZIP TITLE NAME STREET ADDRESS | n participation — magning | | *** | · |
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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 of 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-29-04

(352-584-2450

Daytime Phon