

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000064426

1. Entity Name
ED MILLER'S AUTO CARE, INC.



Principal Place of Business
**4601-C GANDY BLVD.
TAMPA, FL 33611**

Mailing Address
**4601-C GANDY BLVD.
TAMPA, FL 33611**

FILED
May 02, 2008 08:00 AM
Secretary of State



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3525165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILLER, EDWIN
4601-C GANDY BLVD.
TAMPA, FL 33611**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MILLER, EDWIN
STREET ADDRESS	4601-C GANDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	DVPT
NAME	WATSON, PHYLLIS C
STREET ADDRESS	4601-C GANDY BLVD.
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/09-80118-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 (813) 831-1719

Date

Daytime Phone #