

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091987

Entity Name: CAR CARE #2 INC.

FILED  
Feb 23, 2005  
Secretary of State

## Current Principal Place of Business:

1301 S. WOODLAND BLVD.  
DELAND, FL 327207733

## New Principal Place of Business:

## Current Mailing Address:

1301 S. WOODLAND BLVD.  
DELAND, FL 327207733

## New Mailing Address:

FEI Number: 59-3537686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWSOM, TONY  
1301 S. WOODLAND BLVD.  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NEWSOM, TONY  
Address: 2665 PLEASANT VILLAGE  
City-St-Zip: DELAND, FL 32720

Title: V ( ) Delete  
Name: CAMPBELL, MARK  
Address: 485 SPRINGWOOD CT  
City-St-Zip: LONGWOOD, FL 32750

Title: S ( ) Delete  
Name: NEWSOM, SALLY  
Address: 2665 PLEASANT VILLAGE  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NEWSOM, TONY  
Address: 1900 HONTOON RD.  
City-St-Zip: DELAND, FL 32720

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: NEWSOM, SALLY  
Address: 1900 HONTOON RD.  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY NEWSOM

D

02/23/2005

Electronic Signature of Signing Officer or Director

Date