

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000056844 1. Entity Name CAR CLINIC AUTO CARE, INC.	
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Principal Place of Business 1401 NORTH DIXIE HWY LAKE WORTH, FL 33460	Mailing Address 1401 NORTH DIXIE HWY LAKE WORTH, FL 33460
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0979275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, ROBERT 1401 N DIXIE HWY LAKE WORTH, FL 33460

**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 filing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000117733
04/19/04-80031-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ROBERT 1401 NORTH DIXIE HWY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOYANES, JORGE 1401 NORTH DIXIE HWY LAKE WORTH, FL 33460
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Robert Gonzalez 4/14/04 (S61) 588-1401

Date

Signature Phone #