


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000101144  
 1. Entity Name  
 QUALITY 1 AUTO CARE, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 19 HARDEE ST. \_\_\_\_\_ P.O. BOX 685 \_\_\_\_\_  
 LABELLE, FL 33835 \_\_\_\_\_ LABELLE, FL 33975 \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**



08162005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0961949 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 BHAGWANDIN, SHARDHANAND  
 19 HARDEE STREET  
 LABELLE, FL 33935

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

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


In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BHAGWANDIN, SHARDANAND 19 HARDEE STREET LABELLE, FL 33935
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 08/18/05-80001-013 150.00

**DO NOT WRITE 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

Date: 8/16/05 963  
 Daytime Phone #: 673-4011