


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # S19229 1. Entity Name TILL'S IMPORT CAR CLINIC, INC.	
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Principal Place of Business 1830 BOY SCOUT DRIVE FT MYERS, FL 33907 US	Mailing Address 1830 BOY SCOUT DRIVE FT. MYERS, FL 33907 US
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07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0237038	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TILL, DAVID F., JR 714 S.W. 4TH COURT CAPE CORAL, FL 33991	
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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 _____

**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	DP TILL, DAVID F., JR 714 S.W. 4TH COURT CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TILL, LILLIAN 714 S.W. 4TH COURT CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TILL, DAVID F., SR 1816 SE 29TH LANE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TILL, SHARON M. 1816 SE 29TH LANE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000371300
07/07/05-80012-003 150.00

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: DAVID F. TILL SR. **7/1/05 239 277 0797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #