


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90053 049 \*\*\*150.00

<b>DOCUMENT # S38629</b>	
1. Entity Name <b>ADVANCE AUTO CARE, INC.</b>	

Principal Place of Business <b>6537 SOUTHERN BLVD. BAY 1 &amp; 2 W. PALM BCH., FL 33413 US</b>	Mailing Address <b>6537 SOUTHERN BLVD. BAY 1 &amp; 2 WEST PALM BEACH, FL 33413 US</b>
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01272006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0250129</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARENSON, JAMIE 6537 SOUTHERN BLVD BAY 1 & 2 WEST PALM BEACH, FL 33413		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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: *Jamie Arson* DATE: 2/6/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ARENSON, JEFFREY 2414 BIMINI DR WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ARENSON, JAMIE 2414 BIMINI DR WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jamie Arson* Date: 2/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT



40014626

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2006

ADVANCE AUTO CARE, INC.  
6537 SOUTHERN BLVD.  
BAY 1 & 2  
WEST PALM BEACH, FL 33413 US

SUBJECT: ADVANCE AUTO CARE, INC.  
Ref. Number: S38629

We have received your document for ADVANCE AUTO CARE, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 606A00005979

ATTACHMENT

40014626

## Division of Corporations

## Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number	S38629
Business Entity Name	ADVANCE AUTO CARE, INC.
FEI Number	650250129
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

## Principal Place of Business

Address	6537 SOUTHERN BLVD.
Suite, Apt. #, etc.	BAY 1 & 2
City, State	W. PALM BCH., FL
Zip Code & Country	33413 US

## Mailing Address

Address	6537 SOUTHERN BLVD.
Suite, Apt. #, etc.	BAY 1 & 2
City, State	WEST PALM BEACH, FL
Zip Code & Country	33413 US

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)	ARENSON, JAMIE
Address	6537 SOUTHERN BLVD
Suite, Apt. #, etc.	BAY 1 & 2
City, State	WEST PALM BEACH, FL
Zip Code & Country	33413 US
Registered Agent Signature	JAMIE ARENSON

## Officer/Director Name and Address

Title	PTD
Entity Name	ARENSON, JEFFREY
Street Address	2414 BIMINI DR
City, State	WEST PALM BEACH, FL
Zip Code & Country	

ATTACHMENT

40014626

**Title** VSD  
**Name (Last, First, Middle, Title)** ARENSON, JAMIE  
**Street Address** 2414 BIMINI DR  
**City, State** WEST PALM BEACH, FL  
**Zip Code & Country**

**Title** VP  
**Officer/Director Signature** JAMIE ARENSON

[Continue](#)

[Start Over](#)

---

[Sunbiz Home Page](#)

[Annual Report Help](#)