

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # S45967

1. Entity Name
CAR CREDIT, INC.



Principal Place of Business
**3923 E HILLSBOROUGH AVE
TAMPA, FL 33610 US**

Mailing Address
**5340 N 40TH ST
TAMPA, FL 33610 US**



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3090980

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUCULICH, STEVEN
3923 E HILLSBOROUGH AVE
TAMPA, FL 33610**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**0000000813815
02/13/08-80019-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUCULICH, STEVEN 3923 E HILLSBOROUGH AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUCULICH, STEVEN 3923 E HILLSBOROUGH AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUCULICH, STEVEN 3923 E HILLSBOROUGH AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, MARTHA C S 3923 E HILLSBOROUGH AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **MARTHA LOPEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/08 **02/04/08** *813-620-3100*
Date Daytime Phone #