

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081151

Entity Name: DADE CITY FOREIGN CAR CLINIC, INC.**Current Principal Place of Business:**10642 US HWY 301
DADE CITY, FL 33525**Current Mailing Address:**10642 US HWY 301
DADE CITY, FL 33525**FEI Number: 59-3673830****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MEEKER, STEVEN E
34131 KIEFER RD.
DADE CITY, FL 33525 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	MEEKER, STEVEN E
Address	34131 KIEFER RD.
City-State-Zip:	DADE CITY FL 33525

Title	S
Name	MEEKER, KATHLEEN E
Address	34131 KIEFER RD
City-State-Zip:	DADE CITY FL 33525

Title	P
Name	MEEKER, STEVEN E
Address	34131 KIEFER RD
City-State-Zip:	DADE CITY FL 33525

Title	V
Name	MEEKER, KATHLEEN E
Address	34131 KIEFER RD
City-State-Zip:	DADE CITY FL 33525

Title	T
Name	MEEKER, KATHLEEN E
Address	31431 KIEFER RD
City-State-Zip:	DADE CITY FL 33525

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN E MEEKER**DIRECTOR****03/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date