

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000079120

**Entity Name:** EXECUTIVE AUTO CARE, INC.

**Current Principal Place of Business:**

817 APRIL LANE  
TAMPA, FL 33613

**Current Mailing Address:**

PO BOX 271852  
TAMPA, FL 33688 US

**FEI Number:** 59-3341837

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DECHARD, ALBERT  
9420 LAZY LANE  
UNIT D9  
TAMPA, FL 33618 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	Title	OF
Name	DECHARD, ALBERT	Name	ADELINA DECHARD
Address	10911 WINTER OAK PLACE	Address	10911 WINTER OAK PL
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33618

*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:** ALBERT DECHARD

**PRESIDENT**

**03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date