

**2023 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  
817 APRIL LANE  
TAMPA, FL 33613 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 DECHARD, ALBERT  
Address 10911 WINTER OAK PLACE  
City-State-Zip: TAMPA FL 33618

Title OF  
Name ADELINA DECHARD  
Address 10911 WINTER OAK PL  
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:** ADELINA REDA DECHARD

**MANAGER**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date