

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026414

Entity Name: PHIL'S AUTO CLINIC, INC.

Current Principal Place of Business:

8263 SOUTH US HIGHWAY 1
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

8263 SOUTH US HIGHWAY 1
PORT SAINT LUCIE, FL 34952 US

FEI Number: 65-0735869

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPARACINO, PHILIP
123 NE ROYCE AVE
PORT ST LUCIE, FL 34983 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 SPARACINO, PHILIP
Address 123 NE ROYCE AVE
City-State-Zip: PORT ST LUCIE FL 34983

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: PHILIP SPARACINO

OWNER

05/02/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date