

2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

13 APR 23 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000038445 1. Entity Name A1WILLIES CAR CARE INC					
Principal Place of Business 1826 ORANGE FORT PIERCE, FL 34950			Mailing Address 1826 ORANGE FORT PIERCE, FL 34950		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 82-0577421			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AL, JOHNSON 2057 SOUTH US 1 FORT PIERCE, FL 34950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SMITH, MARCUS 3101 JERSEY CT FORT PIERCE, FL 34950	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SMITH, WHITTNEY 3101 JERSEY CT FORT PIERCE, FL 34950	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TRES SMITH, WILLIE C 3101 JERSEY CT FORT PIERCE, FL 34950	☐ Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ E-MAIL ADDRESS _____		



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Handwritten initials and date:
4/23



Annual Report Filing History

Search By Document ID

p10000038445

Search

Session

Transaction ID	Description	Filing Stage
p10000038445-00c9aeef-ddeb-43bb-b00d-2840355a89aa	Session file for p10000038445 with last modified date of 5/4/2013 6:27:47 AM Eastern Standard Time	Edit
p10000038445-013bd0c0-89e5-40bb-a321-c6c83ff3fe3e	Session file for p10000038445 with last modified date of 6/23/2013 10:08:12 PM Eastern Standard Time	Edit
p10000038445-25c15aa5-6591-4769-9447-d6fc23d5a653	Session file for p10000038445 with last modified date of 6/25/2013 12:45:19 PM Eastern Standard Time	FinalReview
p10000038445-7b5ac343-eb8a-45e8-bea0-8458a8c43588	Session file for p10000038445 with last modified date of 6/25/2013 12:46:45 PM Eastern Standard Time	PaymentPage
p10000038445-903be3e9-04d1-474b-92bb-1ef3a253fe22	Session file for p10000038445 with last modified date of 4/23/2013 8:57:31 AM Eastern Standard Time	Edit
p10000038445-98249d2d-0dbd-4240-ab89-3a0a667f0e28	Session file for p10000038445 with last modified date of 6/25/2013 12:24:53 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
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p10000038445-98249d2d-0dbd-4240-ab89-3a0a667f0e28	P10000038445	550	0	6/25/2013 12:24:56 PM

