


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000061543

1. Entity Name
CHI-TOWN CAR WASH, INC.



Principal Place of Business 2320 WEST PENSACOLA STREET TALLAHASSEE, FL 32304 US	Mailing Address 1109 CHETFORD DR LEXINGTON, KY 40509 US
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01262006 No Chg-P CR2E034 (11/05)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARNEY, PETER H
901 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nominating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OTTOLIN, JAMES L 1109 CHETFORD DR LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALLARD, WILLIAM R 3609 SHANDWICK PLACE BIRMINGHAM, AL 35242
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IN THIS SPACE**

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: James L. Ottolin **JAMES L. OTTOLIN** 1/26/06 859-264-4315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #