


2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/4/2007-90042-050-\$150.00-\$150.00

FILED

2007 OCT -2 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000049043			
1. Entity Name EARTHWASH CARWASH SYSTEMS, INC.			
Principal Place of Business 4509 BEE RIDGE RD SARASOTA, FL 34233		Mailing Address 4509 BEE RIDGE RD SARASOTA, FL 34233	
2. Principal Place of Business - No P.O. Box # 6245 Clark Center Ave. Suite, Apt. #, etc. C		3. Mailing Address SAME AS PAGE	
City & State Sarasota FL		City & State SAME AS PAGE	
Zip 34238		Zip 34238	
Country		Country	
4. FEI Number 75-3113938		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUARDT, EMIL C ESQ. 625 COURT ST STE 200 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent etc. etc. if applicable) (NOTE: Registered Agent signature required when constituting)</small>			
FILE NOW!!! FEE IS \$650.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D FREY, GREGORY N 4509 BEE RIDGE RD SARASOTA, FL 34233 <i>6245 Clark Center Ave. Suite C</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>34238</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>400110515194</i> <i>10/03/07--01010--014 **400.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 <i>X</i> <i>Gregory N Frey</i>		Date <i>8/30/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

10/14
aw