

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90017 008 \*\*\*150.00

40019443



02122005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 397795</b>					
1. Entity Name TORNADO AUTO WASH, INC.					
Principal Place of Business 2299 OLD KINGS ROAD ORMOND BEACH, FL 32174-9356			Mailing Address 2299 OLD KINGS ROAD ORMOND BEACH, FL 32174-9356		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1401875	
				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				7. Name and Address of New Registered Agent	
OSSINSKY, LOUIS JR <del>444 SEABREEZE BLVD</del> 2570 W. International Speedway Blvd DAYTONA BEACH, FL 32114 Daytona Beach, FL 32114				Name Street Address (P.O. Box Number is Not Acceptable) 2570 W. International Speedway Blvd. City Daytona Beach FL Zip Code 32114	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	PDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, ROGER S	NAME			
STREET ADDRESS	2299 OLD KINGS ROAD	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 321749356	CITY-ST-ZIP			
TITLE	SDV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, NANCY S	NAME			
STREET ADDRESS	2299 OLD KINGS ROAD	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 321749356	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Roger S Johnson</i>		ROGER S JOHNSON 2/17/05 386-672-3695			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	