


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90782 010 ***150.00

DOCUMENT # 515257 1. Entity Name EAGER BEAVER CAR WASH, INC.	
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Principal Place of Business 1791 SOUTH TAMiami TRAIL VENICE, FL 34293 US	Mailing Address 1000 CRAWFORD PLACE SUITE 400 MOUNT LAUREL, NJ 08054 US
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DO NOT WRITE IN THIS SPACE

14010041



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1689663	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAOLINO, LOUIS D JR 1000 CRAWFORD PLACE STE 400 MOUNT LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KRAMER, ROBERT M 1000 CRAWFORD PLACE STE 400 MOUNT LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRZEMIEN, GREGORY M 1000 CRAWFORD PLACE STE 400 MOUNT LAUREL, NJ 08054
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **Gregory M. Krzemien** 4/27/2004 856-776-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #