

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

19 04  
**FILED**  
**Jul 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 515257**

1. Entity Name  
**EAGER BEAVER CAR WASH, INC.**



Principal Place of Business  
**1791 SOUTH TAMIAMI TRAIL  
VENICE, FL 34293 US**

Mailing Address  
**1000 CRAWFORD PLACE  
SUITE 400  
MOUNT LAUREL, NJ 08054 US**

**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1689663**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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  
**P  
PAOLINO, LOUIS D JR  
1000 CRAWFORD PLACE STE 400  
MOUNT LAUREL, NJ 08054**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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

2/5/07 852-728-2300  
Date Daytime Phone #