2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 529893

Entity Name: KEYS CAR WASH, INC.

Current Principal Place of Business:

11055 OVERSEAS HWY
MARATHON, FL 33050 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522737
MARATHON SHORES, FL 33052

New Mailing Address:

FEI Number: 59-1732001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, JOHN PRES.
1760-109TH ST. GULF
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: ROBIN, STATEN K
Address: 555 BUCK RUN ROAD
City-St-Zip: SEAMAN, OH 45679

Title: S ( ) Delete
Name: BURNS, JAYNE
Address: P.O. BOX 522737
City-St-Zip: MARATHON SHORES, FL 33052

Title: VP ( ) Delete
Name: BURNS, JONATHAN D
Address: P.O. BOX 522737
City-St-Zip: MARATHON SHORES, FL 33052

Title: VP ( ) Delete
Name: BURNS, SHERRY L
Address: P.O. BOX 522737
City-St-Zip: MARATHON SHORES, FL 33052

Title: TR ( ) Delete
Name: BURNS, KALLY A
Address: P.O. BOX 522737
City-St-Zip: MARATHON SHORES, FL 33052

Title: VP ( ) Delete
Name: BURNS, K. ROBIN
Address: 555 BUCK RUN ROAD
City-St-Zip: SEAMAN, OH 45679

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAYNE BURNS SECT 04/21/2009

Electronic Signature of Signing Officer or Director Date