



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90011 034 ***150.00

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DOCUMENT # F01990			
1. Entity Name SPEEDY CAR WASH, INC.		Principal Place of Business 531 EAST SIXTH ST. PANAMA CITY, FL 32401	
Mailing Address 531 EAST SIXTH ST. PANAMA CITY, FL 32401		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BRANCH, JIMMY M 1707 PALMETTO AVE PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCH, JIMMY M	NAME	
STREET ADDRESS	1707 PALMETTO AVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	
NAME	BRANCH, ALICE L	NAME	Worker's COMP
STREET ADDRESS	1707 PALMETTO AVE	STREET ADDRESS	ONLY RECOGNIZES
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	
NAME	BRANCH, LAUREN E	NAME	3 OFFICERS:
STREET ADDRESS	1707 PALMETTO AVE	STREET ADDRESS	JIMMY
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	ALICE
TITLE	D <input type="checkbox"/> Delete	TITLE	JOHN
NAME	BRANCH, LACY A	NAME	
STREET ADDRESS	2812 COUNTY RD 2321/LOT 31	STREET ADDRESS	
CITY-ST-ZIP	SOUTHPORT, FL 32409	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	BRANCH, JOHN H	NAME	
STREET ADDRESS	1707 PALMETTO AVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	BRANCH, CAROLYN F	NAME	
STREET ADDRESS	615 MASSALINA DR	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32401	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: 		Date: 62-09-06 Daytime Phone #: 850-785-9274	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	