

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000726

**FILED**  
**Mar 17, 2007**  
**Secretary of State**

**Entity Name:** ALTERNATIVE CAR WASH, INC.

**Current Principal Place of Business:**

7200 STATE RD 52  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

7132 STATE RD 52  
SUITE 304  
HUDSON, FL 34667

**New Mailing Address:**

7132 STATE RD 52  
#304  
HUDSON, FL 34667

**FEI Number:** 38-3499672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAINE, CHERYL  
7132 STATE RD 52  
SUITE 304  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

PAINE, CHERYL  
7132 STATE RD 52  
#304  
HUDSON, FL 34667 US

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:** CHERYL PAINE

03/17/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** PAINE, CHERYL  
**Address:** 7132 STATE RD. 52 #304  
**City-St-Zip:** HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** PAINE, CHERYL  
**Address:** 7132 STATE RD. 52 #304  
**City-St-Zip:** HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the 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:** CHERYL PAINE

PD

03/17/2007

Electronic Signature of Signing Officer or Director

Date