

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90025 021 ***150.00

DOCUMENT # F05000006072

1. Entity Name
ANDY'S CAR WASH, INC.



Principal Place of Business
**5150 CORTEZ RD WEST
BRADENTON, FL 34210**

Mailing Address
**5150 CORTEZ RD WEST
BRADENTON, FL 34210**

50000105



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

35-1359613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, MARSHA L
5150 CORTEZ RD. WEST
BRADENTON, FL 34210**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME - **CP**
STREET ADDRESS
CITY-ST-ZIP
**ANDERSON, KEVIN J
5150 CORTEZ RD WEST
BRADENTON, FL 34210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
ANDERSON, MARSHA L
5150 CORTEZ RD WEST
BRADENTON, FL 34210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHAD RICHARD ANDERSON
5150 CORTEZ RD WEST
BRADENTON, FL 34210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ADAM NEIL ANDERSON
5150 CORTEZ RD WEST
BRADENTON, FL 34210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7047 Lionshead Dr.
Littleton, CO 80124** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**255 Frontage Rd
Columbia City IN
46725** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Marsha L Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08 941 ⁷⁶¹ 9274
Date Daytime Phone #