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Secretary of State
05-18-2007 90020 016 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000005648

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

Principal Place of Business	Mailing Address
133 JOHNNY CAKE DR NAPLES, FL 34110	133 JOHNNY CAKE DR NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number
38-2192904
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRUPPUSO, NANCY
133 JOHNNY CAKE DR
NAPLES, FL 34110

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRUPPUSO, PETER
STREET ADDRESS	133 JOHNNY CAKE DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	V
NAME	GRUPPUSO, NANCY
STREET ADDRESS	133 JOHNNY CAKE DR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: Nancy Gruppuso 6/2/07 239-591-3692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #