

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90075 017 \*\*\*150.00

**DOCUMENT # F99000006027**

1. Entity Name  
FLORIDA WASH RITE, INC.



Principal Place of Business  
14 SUMMER STREET, SUITE 302  
MALDEN, MA 02148

Mailing Address  
14 SUMMER STREET, SUITE 302  
MALDEN, MA 02148

40046310



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

58-2159667

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

7. Name and Address of New Registered Agent

GLICKSTEIN, GREGG H ESQ.  
54 S.W. BOCA RATON BLVD.  
BOCA RATON, FL 33432

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 reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ANDERSON, GREGORY  
STREET ADDRESS 14 SUMMER STREET, SUITE 302  
CITY- ST- ZIP MALDEN, MA 02148 ☐ Delete

TITLE P/D/S  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE CFO  
NAME Harry Andersen  
STREET ADDRESS 14 Summer St, ste 302  
CITY- ST- ZIP Malden, MA 02148 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE D  
NAME David C. Heyson  
STREET ADDRESS 11 W. Madison St  
CITY- ST- ZIP Oak Park, IL 60302 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE D  
NAME Rick Williamson  
STREET ADDRESS 14 Summer St, ste 302  
CITY- ST- ZIP Oak Park, IL 60302 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Harry Andersen* Harry Andersen

3/22/2007

781-324-2000