
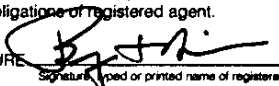
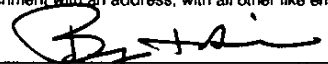


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90019 046 ***150.00

DOCUMENT # J88786 1. Entity Name HAINES CITY WASH WORLD, INC.					
Principal Place of Business 1723 E. HINSON HAINES CITY, FL			Mailing Address 237 CHESTNUT RIDGE ST. WINTER SPRINGS, FL 32708		
2. Principal Place of Business No P.O. Box # 1799 EAST HINSON <small>Suite, Apt. #, etc.</small>		3. Mailing Address 845 DYSON DRIVE <small>Suite, Apt. #, etc.</small>			
City & State HAINES CITY, FL. Zip 33844		City & State WINTER SPRINGS, FL. Zip 32708		4. FEI Number 59-2847740	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLS, BENJIE E 237 CHESTNUT RIDGE ST. WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 845 DYSON DRIVE City WINTER SPRINGS FL Zip 32708		
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  BENJIE T. NICHOLS 2/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PVP NICHOLS, BENJIE E 237 CHESTNUT RIDGE ST. WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP NICHOLS, BENJIE T. 845 DYSON DRIVE WINTER SPRINGS, FL. 32708
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICHOLS, DONNA 237 CHESTNUT RIDGE ST. WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICHOLS, DONNA 845 DYSON DRIVE WINTER SPRINGS, FL. 32708
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> 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:  BENJIE T. NICHOLS 2/26/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					