


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # K48470 1. Entity Name WILDWOOD TRUCK WASH, INC.	
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Principal Place of Business 422 E SR 44 WILDWOOD, FL 34785 US	Mailing Address PO BOX 519 WILDWOOD, FL 32785 US
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2922544	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARKUS, DEBORAH
4424 N US 301
WILDWOOD, FL 34785

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	U00000868916 04/09/08-80020-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FARKUS, DEBORAH 4424 N US 301 WILDWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDERS, TORI 91 CR 210 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FARKUS, KERRI 1085 CR 246 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FARKUS, WILLIAM 4424 N US 301 WILDWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARKUS, SHAWN 4424 N US 301 WILDWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARKUS, WILLIAM JR. 1085 CR 246 OXFORD, FL 34484

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IN THIS SPACE**

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: Deborah Farkus 3/24/08 352 748 2337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #