

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48470

FILED
Feb 25, 2009
Secretary of State

Entity Name: WILDWOOD TRUCK WASH, INC.

Current Principal Place of Business:

422 E SR 44
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 519
WILDWOOD, FL 32785 US

New Mailing Address:

FEI Number: 59-2922544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARKUS, DEBORAH
4424 N US 301
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FARKUS, DEBORAH
Address: 4424 N US 301
City-St-Zip: WILDWOOD, FL

Title: D () Delete
Name: SANDERS, TORI
Address: 91 CR 210
City-St-Zip: OXFORD, FL 34484

Title: S () Delete
Name: FARKUS, KERRI
Address: 1085 CR 246
City-St-Zip: WILDWOOD, FL 34785

Title: P () Delete
Name: FARKUS, WILLIAM
Address: 4424 N US 301
City-St-Zip: WILDWOOD, FL

Title: D () Delete
Name: FARKUS, SHAWN
Address: 4424 N US 301
City-St-Zip: WILDWOOD, FL

Title: D () Delete
Name: FARKUS, WILLIAM JR.
Address: 1085 CR 246
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SANDERS, TORI
Address: 91 CR 210
City-St-Zip: OXFORD, FL 34484

Title: T (X) Change () Addition
Name: FARKUS, KERRI
Address: 1085 CR 246
City-St-Zip: WILDWOOD, FL 34785

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FARKUS

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date