

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90080 023 ***150.00

DOCUMENT # L00070

1. Entity Name

SUNSHINE WASH AND WAX, INC.



Principal Place of Business

1273 S.W. CURTIS STREET
PORT SAINT LUCIE FL 34983
US

Mailing Address

1273 S.W. CURTIS STREET
PORT SAINT LUCIE FL 34983
US



2. Principal Place of Business

2334 BELLA VISTA WAY

Suite, Apt. #, etc.
BLDG G

City & State
PSL FL

Zip
34952

Country
ST LUCIE

3. Mailing Address

2334 BELLA VISTA WAY

Suite, Apt. #, etc.
BLDG G

City & State
PSL FL

Zip
34952

Country
ST LUCIE

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0128109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, SHELDON L.
10720 CARIBBEAN BLVD.
SUITE 240
MIAMI FL 33189

7. Name and Address of New Registered Agent

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPS
UNGER, PETE
STREET ADDRESS
1273 S.W. CURTIS STREET
CITY-ST-ZIP
PORT ST. LUCIE FL 34983 ☐ Delete

TITLE
NAME
DVT
UNGER, LISA ANN
STREET ADDRESS
1273 S.W. CURTIS STREET
CITY-ST-ZIP
PORT ST. LUCIE FL 34983 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/10/06 (772) 4859693