

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05151

Entity Name: MISSION CAR WASH, INC.

FILED  
Feb 15, 2006  
Secretary of State

## Current Principal Place of Business:

3840 W FLETCHER AVE  
TAMPA, FL 33618 US

## New Principal Place of Business:

## Current Mailing Address:

3840 W FLETCHER AVE  
TAMPA, FL 33618 US

## New Mailing Address:

FEI Number: 59-2960079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WETMORE, DEE  
603 BARRY PL  
INDIAN ROCKS BEACH, FL 33735 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: ST ( ) Delete  
Name: WETMORE, DEE  
Address: 603 BARRY PLACE  
City-St-Zip: INDI ROCKS BEACH, FL

Title: P ( ) Delete  
Name: SILAS, KENNETH  
Address: 8780 WILLIAMS RD  
City-St-Zip: SEFFNER, FL 33584

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KENNETH L. SILAS

PRES

02/15/2006

Electronic Signature of Signing Officer or Director

Date