

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14894

Entity Name: WASH ME, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

7710 STATE RD 544 E.
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

2930 N WESTMORELAND DR
ORLANDO, FL 32804 US

New Mailing Address:

7710 STATE RD 544 E.
WINTER HAVEN, FL 33881 US

FEI Number: 59-2967027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, SHELLY
7710 S.Q. 544 E
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

PHILLIPS, SHELLY M
7710 STATE RD 544 E,
WINTER HAVEN, FL 33881 US

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: SHELLY M PHILLIPS

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: WILLIAMS, LEONARD E. JR.
Address: 2930 N WESTMORELAND DR
City-St-Zip: ORLANDO, FL 32804

Title: DPC () Delete
Name: PHILLIPS, SHELLY
Address: 1501 W. COMMERCE WAY LOT 60
City-St-Zip: HAINES CITY, FL 33844

Title: DV (X) Delete
Name: SANDERS, LUCINDA
Address: 1319 SHADY COVE RD. WEST
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: PHILLIPS, SHELLY M
Address: 2682 MASTERPIECE ROAD
City-St-Zip: LAKE WALES, FL 33898

Title: D (X) Change () Addition
Name: SANDERS, LUCINDA J
Address: 1319 SHADY COVE ROAD WEST
City-St-Zip: HAINES CITY, FL 33844

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: SHELLY M PHILLIPS

DPST

04/20/2009

Electronic Signature of Signing Officer or Director

Date