

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # L45191

1. Entity Name
SALLY'S CAR WASH, INC.



Principal Place of Business

**336 N TYNDALL PKWY
641 S TYNDALL PKWY
PANAMA CITY, FL 32404 US**

Mailing Address

**MS. SALLY POINDEXTER
4801 COUNTY HWY 2321
PANAMA CITY, FL 32404 US**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2993537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUTCHISON, EDWARD A JR
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	POINDEXTER, MARCY A
STREET ADDRESS	4801 COUNTY HWY 2321
CITY - ST - ZIP	PANAMA CITY, FL 32404
TITLE	T
NAME	POINDEXTER, MARK PAUL JR
STREET ADDRESS	4801 COUNTY HWY 2321
CITY - ST - ZIP	PANAMA CITY, FL 32404
TITLE	PCS
NAME	FALGOUT, SALLY A
STREET ADDRESS	4801 COUNTY HWY 2321
CITY - ST - ZIP	PANAMA CITY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/31/07-80024-005 550.00

**DO NOT WRITE
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: *Sally Falgout* Sally Falgout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/07 850-763-4834

Date

Daytime Phone #