


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L90468 1. Entity Name SOUTH TAMPA CAR WASH, INC.	
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Principal Place of Business 4902 S MANHATTAN AVE TAMPA, FL 33611 US	Mailing Address P.O BOX 17671 CLEARWATER, FL 33762 US
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04082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3031841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SUNSKI, MATT 94 HARBOR OAKS CIRCLE SAFETY HARBOR, FL 34695
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WELCH, CLAUDIA 841 4TH AVE NORTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST WELCH, GILBERT 841 4TH AVE NORTH ST PETERSBURG, FL
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04/26/06-80074-007 150.00

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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: Claudia Welch **4/9/06** **(727) 898-1433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #