

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90008 013 ***400.00

DOCUMENT # L90468

1. Entity Name
SOUTH TAMPA CAR WASH, INC.



Principal Place of Business
4902 S MANHATTAN AVE
TAMPA, FL 33611 US

Mailing Address
P.O BOX 17671
CLEARWATER, FL 33762 US

40119500



05292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3031841

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUNSKI, MATT
94 HARBOR OAKS CIRCLE
SAFETY HARBOR, FL 34695

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Claudia Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/07

Date

Daytime Phone #