


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2005 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # M72355</b><br>1. Entity Name<br><b>KING OAK CARWASH/QUICKLUBE, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>7750 CITRUS BLOSSOM DR<br/>LAND O LAKES, FL 34639</b> | Mailing Address<br><b>7750 CITRUS BLOSSOM DR<br/>LAND O LAKES, FL 34639</b> |
|---|---|



01112005 No Chg-P CR2E034 (10/03)

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|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2878203</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|---|---|

**6. Name and Address of Current Registered Agent**

**PISAPIA, FRED  
7750 CITRUS BLOSSOM DRIVE  
LAND O LAKES, FL 34639**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**UD00000184075  
01/20/05-80011-025 150.00**

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD<br/>PISAPIA, FRED J.<br/>7750 CITRUS BLOSSOM DR<br/>LAND O LAKES, FL 34639</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD<br/>PISAPIA, CHRISTINE B.<br/>7750 CITRUS BLOSSOM DR<br/>LAND O LAKES, FL 34639</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:**  **FRED PISAPIA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/05** **813 996 1369**  
Date Daytime Phone #