

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90049 035 \*\*\*150.00

<b>DOCUMENT # P00000061543</b> 1. Entity Name <b>CHI-TOWN CAR WASH, INC.</b>						
Principal Place of Business <b>1109 CHETFORD DR</b> <b>LEXINGTON, KY 40509 US</b>			Mailing Address <b>1109 CHETFORD DR</b> <b>LEXINGTON, KY 40509 US</b>			
2. Principal Place of Business <b>2320 W. PENSACOLA ST</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State <b>TALLAHASSEE, FL</b> Zip <b>32304</b>		City & State Zip Country		4. FEI Number <b>NOT APPLICABLE</b> Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01042005 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent  <b>CARNEY, PETER H</b> <b>901 GEORGE BUSH BLVD</b> <b>DELRAY BEACH, FL 33483</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OTOLIN, JAMES L 1109 CHETFORD DR LEXINGTON, KY 40509		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTOLIN, JAMES L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALLARD, WILLIAM R 3609 SHANDWICK PLACE BIRMINGHAM, AL 35242		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>JAMES L. OTOLIN</b> 1/8/05 (859)264-9315 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						