


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000061593	
1. Entity Name MCM PROFESSIONAL CAR WASH, INCORPORATED	

Principal Place of Business 490 MARY ESTHER BLVD. MARY ESTHER, FL 32569	Mailing Address 490 MARY ESTHER BLVD. MARY ESTHER, FL 32569
---	---



03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3656665	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

**AKERS, MICHAEL
490 MARY ESTHER BLVD.
MARY ESTHER, FL 32569**

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 _____

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
---	--

10. OFFICERS AND DIRECTORS

TITLE P	NAME AKERS, MICHAEL
STREET ADDRESS #10 ISLANDVIEW DR.	CITY-ST-ZIP MARY ESTHER, FL 32569
TITLE VP	NAME AKERS, CAROLYN
STREET ADDRESS #10 ISLANDVIEW DR.	CITY-ST-ZIP MARY ESTHER, FL 32569
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

100000496686
04/22/06-80018-016 150.00

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: *Carolyn Akers Vice President* **4/4/06 (850) 243-0750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #