

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000083956**  
 1. Entity Name  
**ADVANCED CAR WASH SYSTEMS, INCORPORATED**



Principal Place of Business      Mailing Address  
**835 11TH AVE SW                      4412 5TH PLACE SW**  
**VERO BEACH, FL 32962                VERO BEACH, FL 32968**



04282006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-1010864**      Not Applicable  
 5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MACWILLIAM, KEVIN**  
**2345 14TH AVE**  
**SUITE 3**  
**VERO BEACH, FL 32960**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1100000549791  
 05/13/06-80035-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, BRIAN 7150 20TH ST VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGONOWSKI, ROBERT PO BOX 532 N/A VERO BEACH, FL 32961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESNUT, KENNETH 835 11TH AVE SW VERO BEACH, FL 32962
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**

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: *Kenneth C Chesnut*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06 (772)563-0904  
Date Daytime Phone #