


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90022 019 ***150.00

DOCUMENT # P00000101593 1. Entity Name WATER WORKS CAR WASH OF TALLAHASSEE, INC					
Principal Place of Business 3440 APALACHEE PARKWAY TALLAHASSEE FL 32311			Mailing Address 485 TUNG HILL DR TALLAHASSEE FL 32311		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip 32317	Country	4. FEI Number 59-3691609	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAYS, TODD 485 TUNG HILL DR TALLAHASSEE FL 32311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
DATE			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYS, TODD J 485 TUNG HILL DR TALLAHASSEE FL 32311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition zip 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYS, LEANE M 485 TUNG HILL DR TALLAHASSEE FL 32311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition zip 32317	
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MOORE CR2E034 (11/03)

SIGNATURE: Leane M. Hays 2-24-04 850-656-6745
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #