2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) Feb 27, 2004 8:00 am Secretary of State DOCUMENT # P00000101593 1. Entity Name 02-27-2004 90022 019 ***150 00 WATER WORKS CAR WASH OF TALLAHASSEE, INC. Principal Place of Business Mailing Address 485 TUNG HILL DR TALLAHASSEE FL 32311 3440 APALACHEE PARKWAY TALLAHASSEE FL 32311 34061106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3691609 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32317 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYS, TODD Street Address (P.O. Box Number is Not Acceptable) 485 TÚNG HILL DR TALLAHASSEE FL 32311 City Zip Code 323 | 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change HAYS, TODD J NAME NAME 485 TUNG HILL DR STREET ADDRESS STREET ADDRESS ZIP 32317 TALLAHASSEE FL 32311 CITY-ST-7IP CITY-ST-7IP TITLE Change Ch Delete ☐ Addition TITLE HAYS, LEANE M NAME NAME STREET ADDRESS 485 TUNG HILL DR STREET ADDRESS 32317 CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-ST-7IP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:/

NAME

STREET ADDRESS

CITY-ST-ZIP

Deane M. Ha

2-24-04

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