


2007-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

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 32317
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3691609	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 HAYS, TODD 485 TUNG HILL DR. TALLAHASSEE, FL 32317
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**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYS, TODD J 485 TUNG HILL DR TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYS, LEANE M 485 TUNG HILL DR TALLAHASSEE, FL 32317
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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: *[Signature]* Leanne Hays 1-8-07 850-671-4595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #