

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000113682

1. Entity Name  
WATER TOY CAR WASH, INC.



Principal Place of Business  
6820-S MACDILL AVE  
TAMPA, FL 33611

Mailing Address  
5125 LONGFELLOW AVE  
TAMPA, FL 33629

2. Principal Place of Business

6820 S. MACDILL  
Suite, Apt. #, etc.

3. Mailing Address

5125 LONGFELLOW  
Suite, Apt. #, etc.

City & State

TAMPA FLA

City & State

TAMPA FLA

Zip

33629

Country

USA

Zip

33629

Country

HILLS

05152006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3688773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, ROBERT  
5125 LONGFELLOW AVE  
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete  
NAME BETANCOURT, ROBERT  
STREET ADDRESS 5125 LONGFELLOW AVE W  
CITY-ST-ZIP TAMPA, FL 33629

TITLE **TREASURER** ☐ Delete  
NAME BETANCOURT, IRENE  
STREET ADDRESS 5125 LONGFELLOW AVE W  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Robert Betancourt Pres 5/22/06 813 8374454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

06 JUN -5 PM 1:45

SECRET  
TALLAH



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07/06/06-01053-018-158-00