

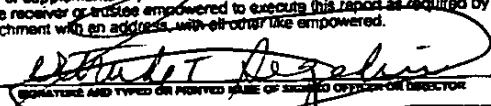
FROM : SEGEDIN

FAX NO. : 772-692-9817

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90032 012 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000023626		
1. Entity Name CONGRESS CARWASH, INC.		
Principal Place of Business 3033 CONGRESS AVE. PALM SPRINGS, FL 33461		Mailing Address 1401 HUFFMAN ROAD PORT ST LUCIE, FL 34983
DO NOT WRITE IN THIS SPACE		
		01212008 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1087024		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FARRELL, RICKEY L 2112 SOUTH US HWY 1 STE 201 FORT PIERCE, FL 34950		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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D SEGEDIN, GREGG DECEASED	
NAME		
STREET ADDRESS	1401 HUFFMAN ROAD	
CITY-STATE-ZIP	PORT ST LUCIE, FL 34983	
TITLE	SEGEDIN, GERTRUDE - PERSONAL REP.	
NAME	1762 SE ANELI ST	
STREET ADDRESS	PORT ST LUCIE, FL 34983	
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-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: 		1-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #