


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000048869 1. Entity Name DONTON CAR WASH SYSTEMS, INC. |  |
|--|---|

| | |
|---|--|
| Principal Place of Business 1495 E MITCHELL HAMMOCK RD OVIEDO FL 32762 US | Mailing Address P O BOX 622195 OVIEDO FL 32762-2195 US |
|---|--|

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt #, etc. | 3. Mailing Address Suite, Apt #, etc. |
|--|--|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-3720418 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



MOORE CR2E034 (11/03)

| | |
|---|---|
| 6. Name and Address of Current Registered Agent MUNNS, RULON 2601 TECHNOLOGY DRIVE ORLANDO FL 32804 | 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 _____ (NOTE: Registered Agent signature required when reinstating) 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. ☐ **\$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 | P FONTANAZZA, ANTHONY JR P O BOX 622195 OVIEDO FL 32762-2195 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: Anthony Fontanazza **ANTHONY FONTANAZZA** 3/8/04 (407) 977-1644