2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069551

1. Entity Name
H2O CARWASH, INCORPORATED

Principal Place of Business	Mailing Address
17791 GUNN HWY ODESSA, FL 33556	17633 GUNN HWY #173 ODESSA, FL 33556

2. Principal Place of Business	3. Mailing Address 12157 W. Linebaugh Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB #210
City & State	City & State Tampa, FL
Zip	Country	Zip FL 33626	Country USA

01312006   Chg-P   CR2E034 (11/05)

4. FEI Number 59-3741667	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLANGELO, KAY 9818 EMERALD LINKS DRIVE TAMPA, FL 33626	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 $150.00
After May 1, 2006 Fee will be $550.00

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 **P** NAME **COLANGELO, KAY** STREET ADDRESS **9818 EMERALD LINKS DRIVE** CITY-ST-ZIP **TAMPA, FL 33626**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____   Jan 30/06 (813) 205-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #