

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90004 015 ***150.00

DOCUMENT # P01000108435

1. Entity Name

JOHN WASH, INC.



Principal Place of Business

7732 WAUNATTA COURT
WINTER PARK FL 32792

Mailing Address

7732 WAUNATTA COURT
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

1000 North Mills Ave
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL
32803

City & State

Orange
Zip Country

4. FEI Number

59-3758544

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

TAX BEE SQUARE SERVICE
7130 S ORANGE BLOSSOM TRAIL
SUITE 111
ORLANDO FL 32809

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

John Wash JOHN WASH PRES

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, 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	PT	<input type="checkbox"/> Delete
NAME	WASH, JOHN	
STREET ADDRESS	7732 WAUNATTA COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PARSCH, STEVE	
STREET ADDRESS	7732 WAUNATTA COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Wash JOHN WASH PRES

2/4/04 407-342-8900

Date

Daytime Phone #