

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90412 010 \*\*\*150.00

<b>DOCUMENT # P01000114783</b>			
<b>1. Entity Name</b> PALM HARBOR CAR WASH, INC.			
<b>Principal Place of Business</b> 13116 CIMARRON CIR NORTH LARGO FL 33774		<b>Mailing Address</b> 13116 CIMARRON CIR NORTH LARGO FL 33774	
<b>2. Principal Place of Business</b> 2525 EAST LAKE Rd.		<b>3. Mailing Address</b> 2525 EAST LAKE Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> PALM HARBOR, FL.		<b>City &amp; State</b> PALM HARBOR, FL.	
<b>Zip</b> 34685		<b>Country</b> U.S.	
<b>4. FEI Number</b> 75-3039909		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ASLAN, KARAM 13116 CIMARRON CIR NORTH LARGO FL 33774		<b>7. Name and Address of New Registered Agent</b> Name: <u>ASLAN KARAM</u> Street Address (P.O. Box Number is Not Acceptable): 2351 Cobbs Way City: <u>PALM HARBOR</u> <b>FL</b> <b>Zip Code</b> <u>34684</u>	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering) <b>DATE</b> _____			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> ASLAN, KARAM 13116 CIMARRON CIR NORTH LARGO FL 33774	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete 2351 Cobbs Way PALM HARBOR, FL. 34684
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> KILISSALY, PAUL E 13116 CIMARRON CIR NORTH LARGO FL 33774	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> ASLAN, GABRIEL 2976 SHANNON CIR. PALM HARBOR FL 34684	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> _____		04-16-04 727-772-6670	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	