2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P02000003630 Jan 25, 2007 08:00 AN Secretary of State 1. Entity Name BONITA CAR WASH, INC. Principal Place of Business Mailing Address 27749 FORESTER DR 27749 FORESTER DR **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 30-0030886 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALMER, CRAIG T Street Address (P.O. Box Number is Not Acceptable) 27749 FÖRESTER DRIVE **BONITA BEACH FL 34134** City 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, typod or printed name of registered agent and title i applicable (NOTE, Registered Agent signature required when revisitating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. מ THE Delete SISSE ☐ Change Addition 01/29/07-80020-024 PALMER, CRAIG T MAMI NAMI 27749 FORESTER DR 158.75 STATE L'ADDRESS SIKELL ADDRESS BAREFOOT BEACH FL 34134 CITY ST ZIP GHY SEZIP ☐ Delete HIH HITE Chance Addition PALMER, SHARON W NAME NAME 27749 FORESTER OR SHIELL ADDRESS STREET ADDRESS BAREFOOT BEACH FL 34134 CETY-ST ZIP CITY ST ZIP THE ☐ Delete ☐ Change ☐ Addition MAM NAME SINTEL ADDRESS STREET ADDRESS CBY ST ZIP CHY SE /#P ☐ Defete 3111 Change ☐ Addition NAME NAME STREET AUDITSS SINLLI ADDRESS CHY ST ZIP CITY ST-ZIP HILE ☐ Delete BHI Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SE ZP CITY SI-ZIP ☐ Dalete Change Addition HILE IIILE MALA NAMA STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE:

SIGNATURE APPLYED OR PRINTED NAME OF SIGNING OFFICER OR SUBJECTOR

Designation of the corporation of the receiver of the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report of the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signatures statutes are formed 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 APPLYED OR PRINTED NAME OF SIGNING OFFICER OR SUBJECTOR