

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90047 037 \*\*\*150.00

**DOCUMENT # P02000012324**

1. Entity Name

MID FLORIDA CARWASH, INC.



Principal Place of Business

230 CROWN OAK CENTRE DR.  
LONGWOOD FL

Mailing Address

230 CROWN OAK CENTRE DR.  
LONGWOOD FL

2. Principal Place of Business

200 Sweetwater Cove Blvd, North  
Suite, Apt. #, etc.

3. Mailing Address

375 Oak Springs Ct  
Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

US

City & State

DeBary, FL

Zip

32713

Country

US

4. FEI Number

04-3608915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SLUTSKYS, ERWIN HOWARD  
375 OAK SPRINGS COURT  
DEBARY FL 32713

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

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

TITLE  
NAME  
D  
CHENOWETH, COLE A ☐ Delete  
STREET ADDRESS  
200 SWEETWATER COVE BLVD. NORTH  
CITY-ST-ZIP  
LONGWOOD FL 32779

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
President  
Chenoweth, Cole A ☐ Change ☒ Addition  
STREET ADDRESS  
200 Sweetwater Cove Blvd, North  
CITY-ST-ZIP  
Longwood, FL 32779

TITLE  
NAME  
Secretary  
Chenoweth, Cole A ☐ Change ☒ Addition  
STREET ADDRESS  
200 Sweetwater, Cove Blvd, North  
CITY-ST-ZIP  
Longwood, FL 32779

TITLE  
NAME  
Treasurer  
Chenoweth, Cole A ☐ Change ☒ Addition  
STREET ADDRESS  
200 Sweetwater Cove Blvd, North  
CITY-ST-ZIP  
Longwood, FL 32779

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
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:

*Cole A Chenoweth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04 (386) 753-9735  
Date Daytime Phone #