

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90030 004 \*\*\*150.00

DOCUMENT # P02000019988

1. Entity Name

ECON-O-WASH, INC.



Principal Place of Business

118 S APOPKA AVE  
INVERNESS FL 34452

Mailing Address

118 S APOPKA AVE  
INVERNESS FL 34452

2. Principal Place of Business - No P.O. Box #

118 S APOPKA AVE

Suite, Apt. #, etc.

3. Mailing Address

118 S APOPKA AVE

Suite, Apt. #, etc.

City & State

INVERNESS FL

Zip

34452

Country

USA

City & State

INVERNESS FL

Zip

34452

Country

USA

4. FEI Number

03-0402288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

SANDERSON, SYLVIA J  
118 S APOPKA AVE  
INVERNESS FL 34452

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 - applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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	PVTS	<input type="checkbox"/> Delete
NAME	SANDERSON, SYLVIA J	
STREET ADDRESS	118 S APOPKA AVE	
CITY ST ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERSON, SYLVIA J	
STREET ADDRESS	118 S APOPKA AVE	
CITY ST ZIP	INVERNESS FL 34452	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
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STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST 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:

*Sylvia J. Sanderson*

SYLVIA J. SANDERSON

01/19/07 (352) 422-0863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #