2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 14, 2004 8:00 am Secretary of State **DOCUMENT # P02000033728** 1. Entity Name 04-28-2004 90185 009 ***150.00 WASH USA, INC. Principal Place of Business Mailing Address 150 EVERNIA ST. 150 EVERNIA ST. JUPITER FL 33458 66421850 2. Principal Place of Business 3. Mailing Address Suite. Apl. #, etc. Suite, Apt. #. etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number AP-PLIED FOR Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRIOR STEVEN R Street Address (P.O. Box Number is Not Acceptable) 150 EVERNIA ST. JUPITER FL 33458 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, typed or printed name of registered agent and (the if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD □ Delete TITLE Addition Channe PRIOR, STEVEN NAME NAME 6008 EAGLES NEST DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 *** CITY-ST-ZIP VSD ☐ Delete TITLE ☐ Addition NAME PRIOR, DEBRA N NAME 6008 EAGLES NEST DR. STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete MLE Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change : ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITI S ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. STOREN PRIOR PRES SIGNATURE: 5617478028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

106421850 Affachment #P02000033728 EIN: 13-4280061

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See project See Separate instructions for each line. Neep a copy for your records.	(Rev. December 2001) (For use by employers, corporations, partnerships, trusts, estates, chu government agencies: Indian tribal entitles, certain individuals, and or	urches, EIN
2 Trade name of Dusiness (Indifferent from name on line 1) 3 Executor, trustee, "care of name	Internal Revenue Service See separate instructions for each line. Keep a copy for your	records. OMB No. 1545-0003
Trade name of business (if different from name on line 3	Legal name or entity (or individual) for whom the EIN is being requested	
So EURRAN STOLETT Sb City, state, and ZIP code	2 Trade name of business (if different from name on line 1) 3 Executor, trustee, "care of" n	ame
Solution Street Solution Street Solution Street Solution Solu		o not enter a P.O. box.)
6 Courty and state where principal business is located FALM SACH COUNTY FL	E 150 EVERNIA STREET	
Ta Name of principal office, general parties, grantor, owner, or trustor Tb SSN, TIN, or EIN	5 JUPITER, FL 33458	
7a Name of principal officer, general pattner, grantor, owner, or trustor 7b SSN, ITIN, or EIN	6 County and state where principal business is located	
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Church or church-controlled organization Church or church-controlled organization Croup Exemption Number (GEN) Croup Exemption Number (GEN)	Corporation (enter form number to be filed) > 55-4	☐ State/local government
Other nonprofit organization (specify) ► Group Exemption Number (GRN) ►	The state of the s	
Bab If a corporation, name the state or foreign country State FLO2LDA Foreign country Float Flo	☐ Other nonprofit organization (specify) ► Group Evernation Number	
Reason for applying (check only one box)	8b If a corporation, name the state or foreign country State	reian country
Started new business (specify type) ► DEVELO Changed type of organization (specify new type) ►	(ii applicable) where incorporated	
Created a trust (specify type) Created a pension plan (specify type) Create	=	
Hired employees (Check the box and see line 12.)	VEHICLE WASH FACILITIES Purchased going business	ify new type) ▶
Other (specify) Date business started or acquired (month, day, year) 11 Closing month of accounting year NAPLE 2 2002 December NAPLE Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) Note: If the applicant does not Agricultural Household Other expect to have any employees expected in the next 12 months. Note: If the applicant does not Agricultural Household Other expect to have any employees during the period, enter "-0." Agricultural Household Other expect to have any employees during the period, enter "-0." Agricultural Household Other expect to have any employees during the period, enter "-0." Agricultural Household Other expect to have any employees during the period, enter "-0." Agricultural Household Other expect to have any employees during the period, enter "-0." Agricultural Household Other expect to have any employees during the period, enter "-0." Agricultural Household Other expect to have any employees during the period, enter "-0." Agricultural Household Other expect to have any employees describes the principal activity of your business. Health care & social assistance Wholesale-agent/broker Retail Real estate Manufacturing Finance & insurance Mondiana & food service Wholesale-agent/broker Retail Real estate Manufacturing Finance & insurance Mondiana & food service Wholesale-agent/broker Retail Real estate Manufacturing Finance & insurance Mondiana & food service Wholesale-agent/broker Retail Real estate Manufacturing Finance & insurance Mondiana & food service Wholesale-agent/broker Retail Real estate Mondiana & food service Wholesale-agent/broker Retail Real estate Mondiana & food service Wholesale-agent/broker Retail Real estate Mondiana & food service Who	☐ Hired employees (Check the box and see line 12.) ☐ Created a trust (specify type) ▶	
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Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes." please complete lines 16b and 16c. If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ STEARN & PAGE TRADE TO ANACEMENT, INC. Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN JANUALY (995 Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name Designee's name Designee's fax number (include area code) Address and ZIP code Jinder penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Applicant's telephone number (include area code)	15 Indicate principal line of merchandise sold; specific construction work done; products produced; or	Services provided FACILITY
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1/4 / / / / / / / / / / / / / / / / / /	Name and title (type or print clearly) > STEVEN R. PRIOR PRESIDENT	
Applicant's fax number (include area code)	Signature > PR PR SUSTA	