


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/:

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90018 026 \*\*\*150.00

<b>DOCUMENT # P02000052737</b>	
1. Entity Name SOFT TOUCH AUTO SPA, INC.	

Principal Place of Business 400 N W AVE L BELLE GLADE, FL 33430	Mailing Address 1190 N W 16TH ST BELLE GLADE, FL 33430
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**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-P CR2ED34 (11/05)

4. FEI Number 02-0591698	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PERRYMAN, BARTON T 1190 NW 16 ST BELLE GLADE, FL 33430
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**DO NOT WRITE IN THIS SPACE**

12. 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: Barton Perryman DATE: 4/28/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRYMAN, BARTON 1190 N W 16TH ST BELLE GLADE, FL 33430
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Barton Perryman DATE: 6/26/06 DAYTIME PHONE: 561-996-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR