

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000057021

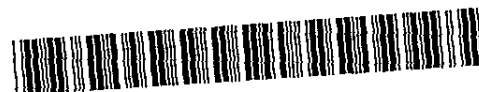
1. Entity Name
HAPPY DAYS CAR WASH, INC.



Principal Place of Business
1510 SE 46TH LANE
CAPE CORAL, FL 33904

Mailing Address
1510 SE 46TH LANE
CAPE CORAL, FL 33904

FILED
Jun 08, 2005 08:00 AM
Secretary of State



05312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3693833
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2. NAME AND ADDRESS OF CURRENT REGISTERED AGENT

FIGUERADO, JAMES JR
1510 SE 46TH LANE
CAPE CORAL, FL 33904

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IN THIS SPACE**

3. 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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIGUERADO, JAMES JR
STREET ADDRESS	340 SEMINOLE WAY
CITY - ST - ZIP	FORT MYERS BEACH, FL 33931
TITLE	D
NAME	FIGUERADO, DEBORAH
STREET ADDRESS	340 SEMINOLE WAY
CITY - ST - ZIP	FORT MYERS BEACH, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/08/05-80004-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Figuerado Jr.

6/6/2005 339-549-263
Date Daytime Phone #