

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90299 042 ***150.00

DOCUMENT # P02000067234
 1. Entity Name
 PROFESSIONAL CAR WASH INC.



Principal Place of Business Mailing Address
 5421 EDGEWATER DR 5421 EDGEWATER DR
 ORLANDO, FL 32810 ORLANDO, FL 32810

40087976

2. Principal Place of Business 3. Mailing Address
 3127 Dudley Dr. 3127 Dudley Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04172006 Chg-P CR2E034 (11/05)

City & State City & State
 Deltona, FL Deltona, FL
 Zip Country Zip Country
 32738 32738

4. FEI Number Applied For
 59-3760331 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GREY, ALFRED
 5421 EDGEWATER DR
 ORLANDO, FL 32810

7. Name and Address of New Registered Agent
 Name Grey, Alfred
 Street Address (P.O. Box Number is Not Acceptable)
 3127 Dudley Dr.
 City Deltona FL Zip Code 32738

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST GREY, ALFRED 3342 SASSAQUIN CT ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	same same 3127 Dudley Dr. Deltona, FL 32738 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] Date 4 1 06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR