

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90027 037 ***150.00

DOCUMENT # P02000081166 1. Entity Name RIPTIDE CAR WAH, INC.					
Principal Place of Business 2445 NO, COURTENAY PKWY BUILDING B MERRITT ISLAND, FL 32953			Mailing Address 2445 NO, COURTENAY PKWY BUILDING B MERRITT ISLAND, FL 32953		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAWSON, JAMES H 340 MARSEILLE DR. MERRITT ISLAND, FL 32953			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: DATE: 2/13/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWSON, JAMES J		NAME		
STREET ADDRESS	935 DATE AVE.		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWSON, JAMES H		NAME		
STREET ADDRESS	340 MARSEILLE DR.		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	VPTS <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, CATHERINE E		NAME	CATHERINE E LAWSON	
STREET ADDRESS	340 MARSEILLES DR.		STREET ADDRESS	340 MARSEILLES DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE:			VPTS CATHERINE E LAWSON 2/13/04 (321) 453-3600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		