2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P02000107469 04-18-2005 90274 019 \*\*\*150.00 ON LOCATION PROFESSIONAL MOBILE DETAILERS, INC. Principal Place of Business Mailing Address 9306 PEGASUS AVE PORT RICHEY FL 34668 P.O. BOX 115 PORT RICHEY FL 34668 t 2. Principal Place of Business 3. Mailing Address 6330 PINE HILL RD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) POIZT RICHEY City & State City & State Applied For 4. FEI Number 33-1026678 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34*668* UNITED STATES 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BONCZKIEWICZ, TEZEMY Street Address (P.O. Box Number is Not Acceptable) BONCZKIEWICZ, JEREMY 9306 PEGASUS AVE PORT RICHEY FL 34668 7320 CARLTON ARMS DIZ APT ( 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 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, 2005 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ÎNLE TITLE ☐ Addition ☐ Delete BONCZKIEWICZ, JEZEMY J 7320 CARLTON ARMS OF, APTC BONCZKIEWICZ, JEREMY J NAME NAME STREET ADDRESS 9306 PEGASUS AVE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL. 34653 PORT RICHEY FL 34668 CITY-ST-ZIP SVD FITLE ☐ Defete TITLE ☐ Addition ORTIZ, RAMON JR ORTIZ, RAMON JR ZIO BAYSHORE BLUD N. APT 101 NAME NAME STREET ADDRESS 9306 PEGASUS AVE STREET ADDRESS PORT RICHEY FL 34668 CITY-ST-ZIP CITY-ST-7IP CLEARWATER, FL. 33759 dite Addition TITLE - 🗔 : Delete 💃 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NÁME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TATLE ☐ 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.

TEREMY BUNCZ KIEWCZ 04/11/05
PICER ON DIRECTOR

**FILED**