## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## DOCUMENT # P02000112964

1. Entity Name

TOWN & COUNTRY CAR WASH, INC.

W. W.
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FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90199 031 \*\*\*150.00

Date

Daytime Phone #

					VI THE						
Principal Plac	e of Business		Mailing Address			7					
8505 MILLS	DRIVE		8505 MILLS DRIVE								
MIAMI FL 33	3196		MIAMI FL 33196								
2. Principal P	lace of Busin	ess	3. Mailing Address			1					
										IIIII 11 1 <b>33</b> 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE CR2E034 (11/03)					
0.00			City & Chata	0.00			FEI Number		ΙΔτ	pplied For	
City & State			City & State			4. 1	52-2384760			ot Applicable	
Zip	Country		Zip Cour		ntry		Certificate of Status Desired	\$	8.75 Add		
						5. (	Certificate of Status Desired		e Require		
····	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
				Name	the second of th						
EXP	POSITO, N 5 MILLS I	IANCY		Ī	Street Address (P.O. Box Number is Not Acceptable)						
	MI FL 33			**. *. <del>*******</del>							
į.					City		<del>-</del>	FL	Zip Code	e	
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 above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. 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											
/	II E NOWII	! FEE IS \$150.00	N 81, 14, 1								
Part of the Control o	tergenden utdelt til til en en en et e	4 Fee will be \$550.00					Election Campaign Financing     Trust Fund Contribution	<b>"</b>		May Be	
第一次のでは、1960年以下第17年では、1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	"我们的","这个"最高的基础的"而说的	Florida Department o	f State				Trust Fund Contribution.		Added	io rees	
10.	w Janes and State of the State	OFFICERS AND	DIRECTORS	11.		AE	ODITIONS/CHANGES TO OFFICERS	AND D	RECTOR	S IN 11	
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CITY-ST-ZIP	MIAMI FL	33015		CITY-S	ST-ZIP						
TITLE	TD	_	☐ Delete	TITLE				E	Change	Addition	
NAME	•	ANTONIO I		NAME		2 · · · -	r and a sort		· ·		
STREET ADDRESS	7283 SW 3			STREET CITY-S	T ADDRESS						
CITY-ST-ZIP	MIAMI FL:	33183			01-21r				Change	Addition	
TITLE NAME			☐ Delete	TITLE NAME				L	Change	Madulon	
STREET ADDRESS					r address						
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NAME STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP				CITY-S							
12. I hereby	certify that the	e information supplied wit	h this filing does not qualify fo	or the exem	nption stated in :	Section	119.07(3)(i), Florida Statutes. I furthe	er certif	y that the i	nformation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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											
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.											