

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90015 044 ***150.00

DOCUMENT # P02000123930

1. Entity Name
THE CAR WASH AT BURNT STORE CENTRE, INC.



Principal Place of Business
**2200 SANTA BARBARA BLVD
CAPE CORAL, FL 33991**

Mailing Address
**2200 SANTA BARBARA BLVD
CAPE CORAL, FL 33991**

50001210



2. Principal Place of Business

714 Burnt Store Road N

Suite, Apt. #, etc.

3. Mailing Address

714 Burnt Store RD N

Suite, Apt. #, etc.

01102006

Chg-P

CR2E034 (11/05)

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

16-1641000

Applied For

Not Applicable

Zip

33993

Country

LEE

Zip

33993

Country

LEE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LARROW, PAUL L
3501 DEL PRADO BLVD, SUITE 312
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

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

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
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
DEBONO, CHARLES
4344 NW 27TH STREET
CAPE CORAL, FL 33993** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPS
DEBONO, DONALD
14521-2901 GRANDE CAV CIRCLE
FORT MYERS, FL 33908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/06

Date

239-282-2202

Daytime Phone #