2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90073 001 ***150.00

DOCUMENT # P02000123930					04-02-2007 90073 001 ***150.00				
1. Entity Name THE CAR WASH AT BURNT STORE CENTRE, INC.								u	
Principal Place	e of Business	Mailing Address	Mailing Address					•	
714 BURNT STORE ROAD N CAPE CORAL, FL 33991		714 BURNT STORE ROAD N Cape Coral, FL 33991							
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222007	Chg-P	CR2E034 ((12/06)	
City & State		City & State			4. FEI Number Applied For 16-1641000 Not Applicate				
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8. Fee	.75 Addi Required	tional
	6. Name and Address of Current	Registered Agent	Name	3	7. Name and	Address of New R	egistered Age	nt	
LARROW, PAUL L 3501 DEL PRADO BLVD, SUITE 312				Street Address (P.O. Box Number is Not Acceptable)					
	RAL, FL 33904			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			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) OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OFF	ICERS AND DIF	RECTORS	IN 11
TITLE	DPT DEBONO, CHARLES	☐ Delete	TITLE NAME] Change	Addition
NAME STREET ADDRESS	·			ss					
CITY-ST-ZIP	CAPE CORAL, FL 33993		CITY-ST-ZIP		· x ·.			_/_	
NAME	DVPS Delete IIITU DEBONO, DONALD 14521-2901 GRANDE CAV CIRCLE STRE				DVPS Change Addition DCD3 SE 10th Ave				
STREET ADDRESS CITY-ST-ZIP	FORT MYERS, FL 33908			" OCC	use Conc	11,15 3	2940		
TITLE		☐ Delete	TITLE		1	<u> </u>) Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRES	ss					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE] Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRES	ss					
CITY-ST-ZIP			CITY-\$1-ZIP						
TITLE NAME	÷	☐ Delele	TITLE NAME] Change	☐ Addition
STREET AODRESS			STREET ADORES	ss					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		Delete	TITLE NAME] Change	Addition
STREET ADDRESS			STREET ADDRES	ss					
CITY-ST-ZIP		ALIA ENTAL MANAGEMENT OF THE ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS AND ANALYSIS AND ANALYSIS AND ANALYSIS AND ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANALYSIS ANA	CITY-S1-ZIP		Lia Charrer #10	Elevido Protinto	I fourther activities	that tha !-	farmati
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 of trustee empoyered 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: CHARLIS DEBOOD 2/17/07 239-284-2-02 SIGNATURE: Date Dayling Phone #									
SIGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #									