

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90176 044 ***158.75

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03022005 Chg-P CR2E034 (10/03)

4. FEI Number **92-98-0183622-92-0183622** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DOCUMENT # P02000135532

1. Entity Name
AACTION WASH, INC.



Principal Place of Business
**4521 HIDDEN OAK CT.
ORLANDO, FL 32804**

Mailing Address
**4521 HIDDEN OAK CT.
ORLANDO, FL 32804**

2. Principal Place of Business
1420 Pleasant Oak Ln
Suite, Apt. #, etc.

3. Mailing Address
1420 Pleasant Oak Lane
Suite, Apt. #, etc.

City & State
ORL. FL.

City & State
ORL. FL.

Zip
32804 Country

Zip
32804 Country

6. Name and Address of Current Registered Agent

**CONNER, GEORGE W III
4521 HIDDEN OAK CT.
ORLANDO, FL 32804**

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 _____
(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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNER, GEORGE W III 4521 HIDDEN OAK CT. ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *George W. Conner III* **4-25** **407-466-2319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #