2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000017449

1. Entity Name

NOBLE AVE. CAR WASH, INC.



FILED Mar 17, 2008 08:00 AN Secretary of State

Principal Place of Business

510 WEST NOBLE AVENUE WILLISTON, FL 32696

Mailing Address

912 NW 7TH ST WILLISTON, FL 32696

- 1



DO NOT WRITE IN THIS SPACE

02192008

No Chg-P

CR2E034 (11/05)

4. FEI Number 32-0059321

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINKSTON, DANIEL R 510 WEST NOBLE AVENUE WILLISTON, FL 32696

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of cha the obligations of registered agent.	anging its registered office or registered agent, or both	s, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature regulaed when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees U000008593<u>5</u>6_

/02/08-80019-016 150.00

10. OFFICERS AND DIRECTORS TITLE PINKSTON, DANIEL NAME STREET ADDRESS 510 WEST NOBLE AVE CITY-ST-ZIP WILLISTON, FL 32696 TITLE PINKSTON, CARL NAME STREET ADDRESS 912 NW 7TH ST CITY-ST-ZIP WILLISTON, FL 32696 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

al W Khat

3-14-08

352-528-4970

Date

Daytime Phone it