2004 FOR PROFIT CORPORATION

Mar 05, 2004 8:00 am **Secretary of State ANNUAL REPORT** 03-05-2004 90022 001 ***150.00 DOCUMENT # P03000044511 1. Entity Name STARKEY ROAD CAR WASH, INC. 94020200 Principal Place of Business Mailing Address 2701 W. BUSCH BOULEVARD 2701 W. BUSCH BOULEVARD SUITE 118 SUITE 118 TAMPA, FL 33618 TAMPA, FL 33618 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272004 CR2E034 (10/03) Chg-P City & State 4. FEI Number City & State Applied For Not Applicable 7-0055865 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHIFINO, WILLIAM J JR. Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET **SUITE 2600** TAMPA, FL 33602 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. . After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. TITLE ☐ Delete TITLE ☐ Chance Addition PD NAME Edward F. Giunta STREET ADDRESS STREET ADDRESS 11327 Carrollwood Dr. CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33618 ☐ Delete ☐ Change X Addition NAME NAME Edward F. Giunta, II STREET ADDRESS STREET ADDRESS 11327 Carrollwoord Dr. CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33618 ☐ Delete TITLE Change Addition VPDS NAME Suzan E. Giunta STREET ADDRESS STREET ADDRESS 3320 Picwood Rd. CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33618 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

STREET ADORESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition

FILED