


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90108 049 ***150.00

DOCUMENT # P03000046860 1. Entity Name SUNCOAST MOBILE AUTO DETAILING, INC.						
Principal Place of Business 115 SEMINOLE ST. TITUSVILLE, FL 32780			Mailing Address 115 SEMINOLE ST. TITUSVILLE, FL 32780			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 58-2668705			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ACC. ACCO. OF TITUSVILLE, INC. 3910 S WASHINGTON AVE, 101N TITUSVILLE, FL 32780						
7. Name and Address of New Registered Agent Name Deborah L. Miller Street Address (P.O. Box Number is Not Acceptable) 115 Seminole St. City Titusville FL Zip Code 32780						
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: <u>Deborah L. Miller</u> <u>Deborah L. Miller, DVS</u> <u>4-14-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT MULLETT, DAVID A 115 SEMINOLE ST. TITUSVILLE, FL 32780		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MILLER, DEBORAH L 115 SEMINOLE ST. TITUSVILLE, FL 32780		<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 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: <u>Deborah Miller</u> <u>Deborah Miller, DVS</u>						<u>4-14-06</u> <small>Date Daytime Phone #</small>

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