## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000049043**

1. Entity Name

EARTHWASH CARWASH SYSTEMS, INC.



FILED
May 01, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

**6245 CLARK CENTER** 

**6245 CLARK CENTER** 

SUITE C

SARASOTA, FL 34238

SUITE C Sarasota, Fl. 34238



## DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3113938 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6.	Name	and Address	of Current	Registered Agen

MARQUARDT, EMIL C ESQ. 625 COURT ST STE 200 CLEARWATER, FL 33756

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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									
	Signatoro, typod or printed name or registered agent and little	T T T T T T T T T T T T T T T T T T T	3 Age II signatur	a rodolied with resistating)					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	icing	\$5.00 May Be Added to Fees	00,50,00-80101-054 120.00				
10.	OFFICERS AND DIRE	CTORS							
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D FREY, GREGORY N 6245 CLARK CENTER SUITE C SARASOTA, FL 34238								
NAME STREET ADDRESS CITY-ST-ZIP	·								
TITLE  NAME  STREET ADDRESS  CITY-ST-7IP				DO NOT WRITE					
TIILE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS									
CITY-ST-ZIP									
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.									

NING OFFICER OR DIRECTOR