2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054903

8525 PORTAGE AVE.

TAMPA, FL 33647

Address:

City-St-Zip:

Entity Name: AMERIWASH, INC.

FILED Feb 03, 2005 Secretary of State

Current Principal Place of Business:			•	New Principal Place of Business:	
6911 GALL BLVD. ZEPHYRHILLS, FL 33541			8523 PORTAGE AVE TAMPA, FL 33647	8523 PORTAGE AVE TAMPA, FL 33647	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
8525 PORTAGE AVENUE SOUTH TAMPA, FL 33647			8523 PORTAGE AVENUE TAMPA, FL 33647		
FEI Number	: 20-0026781	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
SCHECH ¹ 3630 W. K TAMPA, F	(ÉNNEDY BOL				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
		nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VP (LENNON, ROE 8523 PORTAG TAMPA, FL 33	SE AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (BYRD, RICHAI 8525 PORTAG TAMPA, FL 33	SE AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (BYRD, PHILLI 8525 PORTAG TAMPA, FL 33	SE AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (LENNON, SHE) Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT J LENNON VP 02/03/2005