## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 22, 2006 08:00 AN DOCUMENT # P03000063582 **Secretary of State** JAMES FRASEUR CAR WASH INCORPORATED Principal Place of Business Mailing Address 2967 HEATHER TRAIL 2967 HEATHER TRAIL CLEARWATER, FL 33761 CLEARWATER, FL 33761 CR2E034 (11/05) 03192006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2672905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRASEUR, JAMES DO NOT WRITE 2967 HEATHER TRAIL CLEARWATER, FL 33761 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. 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS HILE NAME FRASEUR, JAMES U00000476253 04/06/06-80002-007 150.00 STREET ADDRESS 2967 HEATHER TRAIL CiTY-\$1-ZiP CLEARWATER, FL 33761 mis NAME STREET ADDRESS CITY-ST-ZIP Telle NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIRLE IN THIS SPACE STREET ADDRESS CITY-SE-ZIP TITLE NAME STREET ADDRESS

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 TITLE NAME STREET ADDRESS CHY-ST-7IP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR