## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 24, 2005 08:00 AM **DOCUMENT # P03000078449 Secretary of State** 1. Entity Name FRONT DOOR WASH-AND-FOLD, INC. Principal Place of Business Mailing Address 5511 HARBOR ROAD 5511 HARBOR ROAD BRADENTON, FL 34209 BRADENTON, FL 34209 01122005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1073866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WICKMAN & WYCKOFF, P.A. DO NOT WRITE 4909 MANATEE AVENUE WEST BRADENTON, FL 34209 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. Trina M. Waldhalm. VSD SIGNATURE COM M (NOTE: Registered Agent signature minuted when reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS U00000190719 VSD TITLE 01/24/05-80146-016 150.00 WALDHALM, TRINA M V/S/D NAME STREET ADDRESS 5511 HARBOR ROAD CITY-ST-ZIP BRADENTON, FL 34209 TILE WALDHALM, DON R P/T/D NAME STREET ADDRESS 5511 HARBOR ROAD CITY-ST-ZIP BRADENTON, FL 34209 TIN F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 or an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	Trin M. Voldhah Tring M. Waldhalm SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR	12-31-04	(941)747-5511
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #