

FROM : BETTER BUSINESS SERVICES

FAX NO. : 4078962526

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90155 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105771					
1. Entity Name HOGWASH UNLIMITED INC.					
Principal Place of Business 815 S. SEMORAN BLVD. ORLANDO, FL 32806 IIS			Mailing Address 1325 L. HARDING ST. ORLANDO, FL 32806 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FFI Number 141896015	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WADE, STEVE E II 1325 E. HARDING ST. ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 file if applicable (NOTE: Registered Agent Signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME WADE, STEVE E II STREET ADDRESS 1325 E. HARDING ST. CITY- ST- ZIP ORLANDO, FL 32806	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition	
TITLE VP NAME WADE, RENEE L STREET ADDRESS 1325 E. HARDING ST. CITY- ST- ZIP ORLANDO, FL 32806	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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>Steve Wade II</u> <u>Steve Wade II</u>			4-30-04 (407) 383-7110		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		