

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90125 046 \*\*\*150.00

**DOCUMENT # P03000129379**

1. Entity Name  
**T & J'S MOBILE AUTO DETAILING INC**



Principal Place of Business  
**1811 TINSLEY CIRCLE**  
**APT. # 9**  
**TAMPA, FL 33612**

Mailing Address  
**1811 TINSLEY CIRCLE**  
**APT. # 9**  
**TAMPA, FL 33612**

**40047929**



2. Principal Place of Business  
**108 ALAMEDA Ct.**  
Suite, Apt. #, etc.  
**134**

3. Mailing Address  
**P.O. Box 82215**  
Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State  
**TAMPA FL**

City & State  
**TAMPA**

4. FEI Number  
**90-0151223**

Applied For  
Not Applicable

Zip  
**33609**

Country  
**U.S.**

Zip  
**33682**

Country  
**U.S.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, JOHN JR**  
**1811 TIMBLEY CIRCLE, #9**  
**TAMPA, FL 33612**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**108 ALAMEDA COURT**  
**APT # 134**  
City **TAMPA** FL Zip Code **33609**

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: *John Smith*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-12-06**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **SMITH, JOHN JR**  
CITY - ST - ZIP **1811 TIMBLEY CIRCLE, #9**  
**TAMPA, FL 33612**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **108 ALAMEDA Ct # 134**  
CITY - ST - ZIP **TAMPA FL 33609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
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.

SIGNATURE: *John Smith, Jr.* *John Smith* **4-12-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #