


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90252 018 \*\*\*150.00

<b>DOCUMENT # P03000144195</b>	
1. Entity Name <b>FATHER &amp; SON AUTO/MARINE DETAILING &amp; PRESSURE CLEANING SERVICES, INC.</b>	

Principal Place of Business <b>3842 SW COQUINA COVE WAY PALM CITY, FL 34990</b>	Mailing Address <b>3842 SW COQUINA COVE WAY PALM CITY, FL 34990</b>
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**44044583**



2. Principal Place of Business <b>454 SOUTH WEST SAGINAW AVE</b>	3. Mailing Address <b>454 SOUTH WEST SAGINAW AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State <b>PORT SAINT LUCIE FLORIDA</b>	City & State <b>PORT SAINT LUCIE FLORIDA</b>
Zip <b>34953</b>	Country <b>U.S.A.</b>
Zip <b>34953</b>	Country <b>U.S.A.</b>

4. FEI Number <b>16-1690493</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ECKARD, JOHN E II 1119 SE 3RD AVE FT LAUDERDALE, FL 33316</b>	7. Name and Address of New Registered Agent Name <b>CHRISTOPHER M. NINOS C.P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 SOUTH DIXIE HIGHWAY SUITE #503 BOCA RATON FL 33432</b>
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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 Christopher M. Ninos C.P.A. **CHRISTOPHER M. NINOS C.P.A.** **04-27-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D DEMANNA, RONALD A JR 3842 SW COQUINA COVE WAY PALM CITY, FL 34990</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D RONALD A. DEMANNA JR. 454 SOUTH WEST SAGINAW AVENUE PORT SAINT LUCIE FLORIDA 34953</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P RONALD A. DEMANNA JR. 454 SOUTH WEST SAGINAW AVENUE PORT SAINT LUCIE FLORIDA 34953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP KATHY J. BUSSERT 454 SOUTH WEST SAGINAW AVENUE PORT SAINT LUCIE FLORIDA 34953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T RONALD A. DEMANNA JR. 454 SOUTH WEST SAGINAW AVENUE PORT SAINT LUCIE FLORIDA 34953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S KATHY J. BUSSERT 454 SOUTH WEST SAGINAW AVENUE PORT SAINT LUCIE FLORIDA 34953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D KATHY J. BUSSERT 454 SOUTH WEST SAGINAW AVENUE PORT SAINT LUCIE FLORIDA 34953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Donald A. Demanna Jr. **5-30-04** **772 7631-9409**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #