


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90984 034 \*\*\*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>454 SOUTH WEST SAGINAW AVE</b> <b>PORT SAINT LUCIE, FL 34953 US</b>			Mailing Address <b>454 SOUTH WEST SAGINAW AVE</b> <b>PORT SAINT LUCIE, FL 34953 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>16-1690493</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NINOS, CHRISTOPHER M C.P.A.</b> <b>1600 SOUTH DIXIE HIGHWAY</b> <b>SUITE #503</b> <b>BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>ARTHUR M LIGHTMAN, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>12773 W FOREST HILL BLVD #203</b> <del>WELLINGTON</del> City <b>WELLINGTON</b> <b>FL</b> Zip Code <b>33414</b>		
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 <u><i>Arthur M Lightman, CPA</i></u> DATE <u>3/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMANNA, RONALD A JR 454 SOUTH WEST SAGINAW AVENUE PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMANNA, RONALD A JR 454 SOUTH WEST SAGINAW AVENUE PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUSSERT, KATHY J 454 SOUTH WEST SAGINAW AVENUE PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 a other like empowered.					
SIGNATURE: <u><i>Ronald Demanna</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SAGING OFFICER OR DIRECTOR</small>				Date <u>4-29-05</u> Daytime Phone #	