


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90315 049 ***158.75

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| DOCUMENT # P03000157182 | |  |
| 1. Entity Name EASY CARE CAR WASH, INC. | | |

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| Principal Place of Business 8402 LAUREL FAIR CIRCLE SUITE 205 TAMPA, FL 33610 | Mailing Address 8402 LAUREL FAIR CIRCLE SUITE 205 TAMPA, FL 33610 |
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00045126



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|---|---|
| 2. Principal Place of Business 9260 Bay Plaza Blvd Suite, Apt. #, etc. 501 | 3. Mailing Address 9260 Bay Plaza Blvd Suite, Apt. #, etc. 501 |
| City & State Tampa FL | City & State Tampa FL |
| Zip 33619 | Country |

03312006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 05-0593669 | Applied For Not Applicable |
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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| 6. Name and Address of Current Registered Agent TOOLE, DANA G 2057 DELTA WAY TALLAHASSEE, FL 32303-4227 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2065 Thomasville Rd 1st Floor 101-102 City Tallahassee FL Zip Code 32308 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 | PD FERREIRA, RANDY X 8402 LAUREL FAIR CIRCLE STE. 205 TAMPA, FL 33610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 9260 Bay Plaza Blvd #501 Tampa FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RAIRIGH, RAYMOND 8402 LAUREL FAIR CIRCLE STE. 205 TAMPA, FL 33610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 9260 Bay Plaza Blvd #501 Tampa FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ROSEMAN, RONALD 8402 LAUREL FAIR CIRCLE STE 205 TAMPA, FL 33610 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 9260 Bay Plaza Blvd Tampa FL 33619 <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 | <input 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 | <input 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____ Date _____ Daytime Phone # _____