

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90092 008 \*\*\*150.00

**DOCUMENT # P04000069777**

1. Entity Name  
**MOBILE AUTO WASH AND DETAIL, INC.**



Principal Place of Business  
**4501 32ND AVE. N.  
ST. PETERSBURG, FL 33713**

Mailing Address  
**4501 32ND AVE. N.  
ST. PETERSBURG, FL 33713**



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1069473**

Applied For  
Not Applicable

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

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

**BECKUS, KATHLEEN  
4501 32ND AVE. N.  
ST. PETERSBURG, FL 33713**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D
NAME	LAUGHLIN, JOHN C
STREET ADDRESS	12805 COLLEGE HILL DR.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	ADAMSKI, SHARON L
STREET ADDRESS	5200 5TH AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	D
NAME	BECKUS, KATHLEEN
STREET ADDRESS	4501 32ND AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathleen Beckus*

*PRES.*

*3-11-06*

Date

Daytime Phone #

*KATHLEEN BECKUS*