

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103279

FILED
May 01, 2006
Secretary of State

Entity Name: WASH MASTERS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

MOBILE
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

MOBILE
JACKSONVILLE, FL 32258 US

Current Mailing Address:

1901 NORTH 1ST STREET
UNIT 1603
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

1303 MALLARD LANDING BLVD. N.
JACKSONVILLE, FL 32259 US

FEI Number: 20-1355279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, LISA M
1901 NORTH 1ST STEET
UNIT 1603
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

DAVIS, LISA M
1303 MALLARD LANDING BLVD. N.
JACKSONVILLE, FL 32259 US

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.

SIGNATURE:

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, LISA M
Address: 1901 NORTH 1ST STEET UNIT 1603
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: P () Delete
Name: PREMO, SHEILA M
Address: 1901 NORTH 1ST STEET UNIT 1603
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: S () Delete
Name: HEWITT, CHELLEY
Address: 1562 CRABAPPLE COVE CT. N
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, LISA M
Address: 1303 MALLARD LANDING BLVD. N.
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: P (X) Change () Addition
Name: PREMO, SHEILA M
Address: 1303 MALLARD LANDING BLVD. N.
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: S (X) Change () Addition
Name: POTTER, AMY
Address: 1562 CRABAPPLE COVE CT. N
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA M. DAVIS

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date