



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90062 026 \*\*\*150.00

<b>DOCUMENT # P04000105716</b> 1. Entity Name <b>GIRLZ-N-MOTION MOBILE AUTO DETAILING, INC.</b>					
Principal Place of Business <b>4481 SUGARBERRY LANE TITUSVILLE, FL 32796</b>			Mailing Address <b>PO BOX 122 MIMS, FL 32754</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4481 Sugarberry Ln.</b>			
City & State <b>Titusville, FL</b>		City & State <b>Titusville, FL</b>		4. FEI Number <b>20-1376805</b>	
Zip <b>32796</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCCULLOUGH, JESSICA J. 4481 SUGARBERRY LANE TITUSVILLE, FL 32796</b>			7. Name and Address of New Registered Agent Name <b>Jessica J. Drown</b> Street Address (P.O. Box Number is Not Acceptable) <b>4481 Sugarberry Ln.</b> City <b>Titusville</b> <b>FL</b> Zip Code <b>32796</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 <b>Jessica J. Drown</b> DATE <b>1-10-06</b> <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, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing — <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCULLOUGH, JESSICA J 4481 SUGARBERRY LANE TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Jessica J. Drown 4481 Sugarberry Ln, Titusville, FL 32796
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
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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: <b>Jessica J. Drown</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-10-06</b> Daytime Phone # <b>(321) 803-3190</b>		