

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000130026

1. Entity Name
BAY CAR WASH INC



Principal Place of Business
**4839 SAN PABLO PL
TAMPA, FL 33634**

Mailing Address
**4839 SAN PABLO PL
TAMPA, FL 33634**



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1618640

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PATINO, ARLED D
4839 SAN PABLO PL
TAMPA, FL 33634**

**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

Arled D Patino

2-25-08

Signature of officer 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000841446
03/10/08-80014-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATINO, ARLED D
STREET ADDRESS	4839 SAN PABLO
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VP
NAME	BETANCUR, ANDRES D
STREET ADDRESS	4839 SAN PABLO
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VP
NAME	BETANCUR, LEON D
STREET ADDRESS	4839 SAN PABLO
CITY-ST-ZIP	TAMPA, FL 33634
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:

Arled D Patino

2-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #