

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90051 022 \*\*\*150.00

**50010386**



<b>DOCUMENT # P04000131182</b> 1. Entity Name <b>SKY WASH INC.</b>					
Principal Place of Business <b>97434 LAFFITES WAY YULEE, FL 32097</b>			Mailing Address <b>97434 LAFFITES WAY YULEE, FL 32097</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01262005    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>20-1640510</b></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">Applied For Not Applicable</div>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PFIESTER, MARK C 97434 LAFFITES WAY YULEE, FL 32097</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT		TITLE	Treasurer	
NAME	PFIESTER, MARK C		NAME		
STREET ADDRESS	P.O. BOX 1474		STREET ADDRESS		
CITY-ST-ZIP	YULEE, FL 32041		CITY-ST-ZIP		
TITLE	VS		TITLE	President / Secy	
NAME	PFIESTER, LISA K		NAME		
STREET ADDRESS	P.O. BOX 1474		STREET ADDRESS		
CITY-ST-ZIP	YULEE, FL 32041		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			2-1-5    904-753-2282		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		