

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000040856

1. Entity Name
ALL AMERICAN CAR WASH OF LAKE COUNTY, INC.



Principal Place of Business

1330 COUNTY ROAD 13
BUNNELL, FL 32110

Mailing Address

1330 COUNTY ROAD 13
BUNNELL, FL 32110

FILED
Apr 28, 2008 08:00 AM
Secretary of State



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2518575
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

CHIUMENTO, MICHAEL D. III
4 OLD KINGS ROAD NORTH, STE. B
PALM COAST, FL 32137

**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, 2008 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 SANTOPADRE, GEOFF
STREET ADDRESS 1330 COUNTY ROAD 13
CITY-ST-ZIP BUNNELL, FL 32110

TITLE D
NAME SANTOPADRE, DIANE M.
STREET ADDRESS 1330 COUNTY ROAD 13
CITY-ST-ZIP BUNNELL, FL 32110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Diane Santopadre Diane Santopadre 4/20/08 3864371961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #