

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90104 020 \*\*\*150.00

<b>DOCUMENT # P05000064510</b>					
<b>1. Entity Name</b> THIRD GENERATION CARWASH, INC.					
<b>Principal Place of Business</b> 1401 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250			<b>Mailing Address</b> 1401 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250		
<b>2. Principal Place of Business</b> 5126 PENNANT DR.		<b>3. Mailing Address</b> 5126 PENNANT DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b> JACKSONVILLE, FL		<b>4. FEI Number</b> 20 2809879	
<b>Zip</b> 32244		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BARTLETT, BARON L 135 PROFESSIONAL DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PVST LINDLEY, SCOTT G 1401 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D LINDLEY, GEORGE A SR. 1401 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D LINDLEY, TERRI 1401 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D JOHNS, GREG 1401 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/7/06 904-472-4591 Date Daytime Phone #	