

2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/4/2007-90043-028-\$550.00-\$550.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000014096																											
1. Entity Name WASH & WAX WORLD WHOLESALE DIVISION, INC.																											
Principal Place of Business 537 NORTHLAKE BOULEVARD NORTH PALM BEACH, FL 33408			Mailing Address 537 NORTHLAKE BOULEVARD NORTH PALM BEACH, FL 33408																								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																								
City & State			City & State																								
Zip		Country		Zip																							
Country		Country		4. ESI Number 87-0760430																							
5. Certificate of Status Desired ☐				Applied For ☐																							
\$8.75 Additional Fee Required				Not Applicable																							
6. Name and Address of Current Registered Agent COPELAND, JOHN K 853 S.E. MONTEREY COMMONS BOULEVARD STUART, FL 34996				7. Name and Address of New Registered Agent																							
Name				Street Address (P.O. Box Number is Not Acceptable)																							
City				FL 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 _____ DATE _____																											
(NOTE: Registered Agent signature required when necessary)																											
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. ☐																								
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS																								
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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:				Date: 8/31/07																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Designation																							