

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90016 025 ***150.00

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|---|---------------------------------|--|---|--|--|
| DOCUMENT # P06000088758 | | | | | |
| 1. Entity Name SUPERWASH EXPRESS II, INC. | | | | | |
| Principal Place of Business 19008 PARK PLACE BLVD. EUSTIS, FL 32736 | | | Mailing Address 19008 PARK PLACE BLVD. EUSTIS, FL 32736 | | |
| 2. Principal Place of Business - No P.O. Box # 18805 US HWY 441 | | 3. Mailing Address 1786 Donlawton Ave | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Eustis, Florida | | City & State Port Orange, Florida | | 4. FEI Number 20-5263623 | |
| Zip 32757 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRADLEY, PAUL D 3317 OAK VISTA DR. DAYTONA BEACH, FL 32118 | | 7. Name and Address of New Registered Agent Name: Bradley, Paul D Street Address (P.O. Box Number is Not Acceptable): 3317 Oak Vista Drive City: Port Orange FL Zip Code: 32128 | | | |
| 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: <u>Paul D. Bradley</u> <u>2-2-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE D NAME BRADLEY, PAUL D STREET ADDRESS 3317 OAK VISTA DR. CITY-ST-ZIP DAYTONA BEACH, FL 32118 | <input type="checkbox"/> Delete | | TITLE D NAME Bradley, Paul D STREET ADDRESS 3317 oak vista Drive CITY-ST-ZIP Port Orange, FL 32128 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME BARRETT, JACK N STREET ADDRESS 19008 PARK PLACE BLVD. CITY-ST-ZIP EUSTIS, FL 32736 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE D NAME MOON, TIMOTHY L STREET ADDRESS 107 SWEET WATER HILLS DR. CITY-ST-ZIP LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>2-5-08</u> Daytime Phone # | | |