

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90017 039 \*\*\*150.00

**DOCUMENT # P07000014987**



1. Entity Name

**THOROUGH WASH EXECUTIVE PROFESSIONAL AUTO  
DETAILING, INC.**

Principal Place of Business

**2220 DISCOVERY CIRCLE WEST  
DEERFIELD BEACH FL 33442**

Mailing Address

**2220 DISCOVERY CIRCLE WEST  
DEERFIELD BEACH FL 33442**

2. Principal Place of Business - No P.O. Box #

**13387 88th PLACE NORTH**

Suite, Apt. #, etc.

3. Mailing Address

**13387 88th PLACE NORTH**

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH FL**

4. FEI Number

**20- 8409622**

Applied For

Not Applicable

Zip

**33412**

Country

**WEST PALM BEACH**

Zip

**33412**

Country

**WEST PALM BCH**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAFFEI & MAFFEI, P.A.  
633 SE 3RD AVENUE  
SUITE 4-R  
FORT LAUDERDALE FL 33301**

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

Signature, typed or printed name of registered agent and fee. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **HOYTE, HAROLD R**  
STREET ADDRESS **2220 DISCOVERY CIRCLE WEST**  
CITY - ST - ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **HOYTE, HAROLD R**  
STREET ADDRESS **13387 88th PLACE NORTH**  
CITY - ST - ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **(P) HAROLD R HOYTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/08 954-882-4757**

Date

Daytime Phone