

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-28-2008 90377 031 \*\*\*150.00

**66012424**



02212008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P07000125348</b> 1. Entity Name <b>HOT WASH &amp; SERVICES, INC</b>																							
Principal Place of Business <b>621 SE 13TH PLACE SUITE E CAPE CORAL, FL 33990</b>			Mailing Address <b>621 SE 13TH PLACE SUITE E CAPE CORAL, FL 33990</b>																				
2. Principal Place of Business - No P.O. Box # <b>3973 Rumour Circle</b>		3. Mailing Address <b>SAME</b>																					
Suite, Apt. #, etc. <b>16-304</b>		Suite, Apt. #, etc. 																					
City & State <b>Cape Coral Florida</b>		City & State <b>Florida</b>		4. FEI Number <b>26-1438268</b>																			
Zip <b>33909</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>RUNIONS, WAYNE H 621 SE 13TH PLACE SUITE E CAPE CORAL, FL 33990</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u>Wayne H Runions</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>PVTS RUNIONS, WAYNE H</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>621 SE 13TH PLACE CAPE CORAL, FL 33990</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	<b>PVTS RUNIONS, WAYNE H</b>		CITY-ST-ZIP	<b>621 SE 13TH PLACE CAPE CORAL, FL 33990</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Wayne H Runions</u> <span style="float: right;"><u>4-30-08</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							