

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

0694966 FP

04-14-2003 90345 030 ***150.00

DOCUMENT # P93000072059

1. Entity Name
WASH KING, INC.



Principal Place of Business
**11553 C.R. 315
FT MCCOY FL 32134**

Mailing Address
**11553 C.R. 315
FT MCCOY FL 32134**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3205811**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BENNETCH, NELSON C
11553 C.R. 315
FT MCCOY FL 32134**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 <input type="checkbox"/> Delete
NAME	BENNETCH, NELSON C
STREET ADDRESS	11553 C.R. 315
CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BENNETCH, JOANNE C
STREET ADDRESS	11553 C.R. 315
CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	D <input type="checkbox"/> Delete
NAME	BENNETCH, MICHAEL C
STREET ADDRESS	12451 C.R. 315
CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	D <input type="checkbox"/> Delete
NAME	BENNETCH, MARK
STREET ADDRESS	12595 C.R. 315
CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	D <input type="checkbox"/> Delete
NAME	BENNETCH, MITCHELL
STREET ADDRESS	RT 1 BOX 1027-1
CITY-ST-ZIP	ANTHONY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nelson C Bennetch* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)