


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P94000057069 |  |
| 1. Entity Name SPLASH CAR WASH, INC. | |

| | |
|---|---|
| Principal Place of Business 901 DUNLAWTON AVE PORT ORANGE, FL 32127 | Mailing Address 901 DUNLAWTON AVE PORT ORANGE, FL 32127 |
|---|---|



08282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3259521 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DAVIDSON, TERRELL C
2430 SOUTH ATLANTIC AVE.
SUITE E
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DAVIDSON, TERRELL C 3757 S. ATLANTIC AVE. #1901 DAYTONA BEACH SHORES, FL 32127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MUSTIN, JOHN P 3757 S. ATLANTIC AVE., #1601 DAYTONA BEACH SHORES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LOMBARDI, LOUIS J 175 CIRCLE ROAD SYOSET, NY 11791 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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09/08/04-80003-004 550.00

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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:  **9-7-04** **386-761-8550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #