


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



04202005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3259521              Not Applicable

5. Certificate of Status Desired        \$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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000332792  
04/26/05-80071-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: John P. Mustin      4-22-05      386-761-8550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #