

**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  
901 DUNLAWTON AVE  
PORT ORANGE, FL 32127

Mailing Address  
901 DUNLAWTON AVE  
PORT ORANGE, FL 32127



04202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3259521

Applied For  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000332792  
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* JOHN P. MUSTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05

Date

386-761-8550

Daytime Phone #