


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000057069 1. Entity Name SPLASH CAR WASH, INC.	
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Principal Place of Business 901 DUNLAWTON AVE PORT ORANGE, FL 32127	Mailing Address 901 DUNLAWTON AVE PORT ORANGE, FL 32127
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3259521	Applied For 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

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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 fee if applicable. (F.S. 607.013) Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000568274
 07/07/06-80002-006 150.00

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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:  7.5.06 386.761.8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #