

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000073732

1. Entity Name
CAR WASH SERVICES, INC.



Principal Place of Business

**5317 BURCHETTE RD
TAMPA, FL 33647**

Mailing Address

**5317 BURCHETTE RD
TAMPA, FL 33647**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0527753

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORTON, RAYMOND J
5317 BURCHETTE RD
TAMPA, FL 33647**

**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	P
NAME	MORTON, RAYMOND J
STREET ADDRESS	5317 BURCHETTE RD
CITY-ST-ZIP	TAMPA, FL
TITLE	DVP
NAME	JURKENS, JOHN
STREET ADDRESS	1050 MATADOR S. E.
CITY-ST-ZIP	ALBUQUERQUE, NM
TITLE	ST
NAME	WILLIAMS, SHERMAN
STREET ADDRESS	2707 FOREST CLUB RD
CITY-ST-ZIP	PLANT CITY, FL
TITLE	DVP
NAME	MARX, LEON
STREET ADDRESS	7378 N. MYSTIC CANYON DR.
CITY-ST-ZIP	TUCSON, AZ
TITLE	DVP
NAME	JURKENS, JOEL
STREET ADDRESS	3 CONCHA COURT
CITY-ST-ZIP	ALBUQUERQUE, NM
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Raymond J. Morton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05

Date

813-975-1040

Daytime Phone #