

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 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**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**U00000580828  
01/10/07-80084-001 150.00**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	

**DO NOT WRITE  
IN THIS SPACE**

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:**

**Raymond J. Morton** **RAYMOND J. MORTON** 1/8/07 975-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #