



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2004 08:00 AM  
Secretary of State

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # P95000010531</b><br>1. Entity Name<br><b>Z BEST CAR WASH OF JAX. BCH., INC.</b>   |  |  |   |    |  |
| Principal Place of Business<br><b>10895 OLD DIXIE HWY.<br/>ST. AUGUSTINE FL 32095</b>   |  |  |   | Mailing Address<br><b>10895 OLD DIXIE HWY.<br/>ST. AUGUSTINE FL 32095</b>   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   | <br>MOORE CR2E034 (11/03)<br><br>4. FEI Number <b>59-3295691</b> Applied For Not Applicable<br><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| City & State  |  | City & State   |   |   |  |
| Zip Country   |  | Zip Country  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ISAAC, FRED C<br/>2468 ATLANTIC BLVD.<br/>JACKSONVILLE FL 32207</b>   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |   |   |  |
| 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D <input type="checkbox"/> Delete<br><b>NELSON, SCOTT<br/>10895 OLD DIXIE HWY.<br/>ST AUGUSTINE FL 32095</b>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D <input type="checkbox"/> Delete<br><b>GRAVOIS, JOHN E<br/>10895 OLD DIXIE HWY.<br/>ST AUGUSTINE FL 32095</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000053786<br/>02/16/04-80145-014 150.00</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |

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 address, with all other like empowered.

**SIGNATURE:**  **SCOTT NELSON** **2/13/04** **904-262-4884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #