

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-12-2007 90104 042 ***150.00

DOCUMENT # P95000010531	
1. Entity Name Z BEST CAR WASH OF JAX. BCH., INC.	

Principal Place of Business 10895 OLD DIXIE HWY. ST. AUGUSTINE, FL 32095	Mailing Address 10895 OLD DIXIE HWY. ST. AUGUSTINE, FL 32095
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2. Principal Place of Business - No P.O. Box # 11590 Devils Creek Rte	3. Mailing Address 11590 Devils Creek Rte
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State Jacksonville FL
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Zip 32256	Country US	Zip 32256	Country US
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03082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3295891	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ISAAC, FRED C 2468 ATLANTIC BLVD. JACKSONVILLE, FL 32207	
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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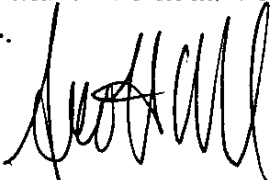
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, SCOTT 10895 OLD DIXIE HWY. ST AUGUSTINE, FL 32095 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Nelson, Scott 11590 Devils Creek Rte Jacksonville, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAVOIS, JOHN E 10895 OLD DIXIE HWY. ST AUGUSTINE, FL 32095 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gravois, John E 11590 Devils Creek Rte Jacksonville, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  **3/23/07**