2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # P95000010531

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

Principal Place of Business	Mailing Address
10895 OLD DIXIE HWY. ST. AUGUSTINE, FL 32095	10895 OLD DIXIE HWY. ST. AUGUSTINE, FL 32095

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
11590 Davis Creek Rd E		11590 Davis Creek Rd E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville FL		City & State: Jacksonville FL	
Zip: 32256	Country: US	Zip: 32256	Country: US

4. FEI Number: 59-3295691 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ISAAC, FRED C 2468 ATLANTIC BLVD. JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ________
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, 2007 Fee will be $550.00

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

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 Davis Creek Rd E 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 Davis Creek Rd E Jacksonville, FL 32256	☒ Change ☐ Addition
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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