

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000010531

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



Principal Place of Business
**11590 DAVIS CREEK RD E
JACKSONVILLE, FL 32256**

Mailing Address
**11590 DAVIS CREEK RD E
JACKSONVILLE, FL 32256**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3295691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ISAAC, FRED C
2468 ATLANTIC BLVD.
JACKSONVILLE, FL 32207**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NELSON, SCOTT
STREET ADDRESS	11590 DAVIS CREEK RD E
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	D
NAME	GRAVOIS, JOHN E
STREET ADDRESS	11590 DAVIS CREEK RD E
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/24/08-80033-024 150.00

**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 another line empowered.

SIGNATURE: _____

SIGNATURE OF OFFICER OR DIRECTOR OR AUTHORIZED SIGNING OFFICER OR DIRECTOR

Scott Nelson

1-21-08

904-262-4884

Date

Daytime Phone #