


2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/19/

FILED
Jun 23, 2004 8:00 am
Secretary of State

05-19-2004 90010 032 ****50.00
 06-23-2004 90002 002 ***100.00

DOCUMENT # P95000074692			
1. Entity Name ALL STARS HAND CAR WASH & DETAILING, INC.			
Principal Place of Business 999 N HWY 17-92 MATLAND, FL 32751		Mailing Address 999 N HWY 17-92 MATLAND, FL 32751	
2. Principal Place of Business 1237 Lake Blue Cir Suite, Apt. #, etc.		3. Mailing Address 1237 Lake Blue Cir Suite, Apt. #, etc.	
City & State Apopka, FL		City & State Apopka, FL	
Zip 32703	Country USA	Zip 32703	Country USA
6. Name and Address of Current Registered Agent SCRUBY, SCOTT R 1236 LAKE BLUE CIRCLE APOPKA, FL 32703		7. Name and Address of New Registered Agent	
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: <u>Scott Scruby</u> DATE: <u>4-16-04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	P SCRUBY, SCOTT 1237 LAKE BLUE CIRCLE APOPKA, FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 an address, with all other like empowered.			
SIGNATURE: <u>Scott Scruby</u>		DATE: <u>4-16-04</u>	PRINTING FEE: <u>(47) 323-2280</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	PRINTING FEE

54058532



02192004 Chg-P CR2E034 (10/03)

4. FEF Number 59-3385400 Applied For Not Applicable

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

FL Zip Code

DATE

\$5.00 May Be Added to Fees

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition


DATE

PRINTING FEE

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/19/2004-90010-032-\$50.00-\$50.00

Attachment

DOCUMENT # P95000074692			
1. Entity Name ALL STARS HAND CAR WASH & DETAILING, INC.			
Principal Place of Business 999 N HWY 17-92 MAITLAND, FL 32751		Mailing Address 999 N HWY 17-92 MAITLAND, FL 32751	
2. Principal Place of Business 712 W. Lake Mary Blvd Suite, Apt. #, etc.		3. Mailing Address 712 W. Lake Mary Blvd Suite, Apt. #, etc.	
City & State Scunford, FL		City & State Scunford, FL	
Zip 32773		Country USA	
4. FEI Number 59-3385400		Applied Fee No. Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCRUBY, SCOTT R 1236 LAKE BLUE CIRCLE APOPKA, FL 32703		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits the 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: <u>Scott Scruby</u> DATE: <u>4-16-04</u>			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	SCRUBY, SCOTT		
STREET ADDRESS	1237 LAKE BLUE CIRCLE		
CITY-STATE-ZIP	APOPKA, FL 32703		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 an address, with all other like empowered.			
SIGNATURE: <u>Scott Scruby</u>		DATE: <u>4-16-04</u> (467) 323-2280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

54058532





Attachment 54058532

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 20, 2004

ALL STARS HAND CAR WASH & DETAILING, INC.
1237 LAKE BLUE CIR
APOPKA, FL 32703

Subject: **ALL STARS HAND CAR WASH & DETAILING, INC.**

Reference Number: **P95000074692**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS
ANNUAL REPORTS SECTION