2008 FOR PROFIT CORPORATION

Mar 17, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P96000009229 03-17-2008 90027 009 ***150.00 1. Entity Name WATER WHEEL CAR WASH, INC. Principal Place of Business Mailing Address 40047442 4824 14TH AVE EAST 5227 71ST STREET EAST BRADENTON, FL 34203 BRADENTON, FL 34208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0645041 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLIGHTON, DUANE D Street Address (P.O. Box Number is Not Acceptable) 4824 14TH AVE EAST BRADENTON, FL 34208 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. Lam 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Detete TITLE Addition BLIGHTON, DUANE D NAME NAME STREET ADDRESS **4824 14TH AVE EAST** STREET ADDRESS CITY-ST-7IP BRADENTON, FL 34208 CITY-ST-7IP TITLE Oelete Change ☐ Addition TITLE MARKE BLIGHTON, ANNE M STREET ADORESS 4824 14TH AVE EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition COLE, MICHELLE M NAME NAME 9621 BLADESMITH LANE STREET ADDRESS STREET ADDRESS BRADENTON, FL 34212 CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

941-745-1212

☐ Change

☐ Addition

FILED