

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90084 005 ***150.00

DOCUMENT # P96000040293 1. Entity Name AUTO WASH, INC.			
Principal Place of Business 114 SOUTH DIXIE HWY LANTANA, FL 33462		Mailing Address 114 SOUTH DIXIE HWY LANTANA, FL 33462	
2. Principal Place of Business 4860 Palo Verde Dr		3. Mailing Address Po Box 244574	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Boynton Bch FL		City & State Boynton Bch FL	
Zip 33436		Zip 33424-4574	
Country Palm Bch		Country FL	
4. FEI Number 65-0673943		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent ELIAS, PAUL L 114 SOUTH DIXIE HWY LANTANA, FL 33462		7. Name and Address of New Registered Agent Name Elias, Paul L Street Address (P.O. Box Number is Not Acceptable) 4860 Palo Verde Dr City Boynton Bch FL Zip Code 33436	
6. 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/12/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PT NAME ELIAS, PAUL L STREET ADDRESS 114 SOUTH DIXIE HWY CITY-ST-ZIP LANTANA, FL 33462	<input type="checkbox"/> Delete	TITLE PT NAME Elias, Paul L STREET ADDRESS 4860 Palo Verde Dr CITY-ST-ZIP Boynton Bch FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPS NAME ELIAS, WENDY STREET ADDRESS 114 SOUTH DIXIE HWY CITY-ST-ZIP LANTANA, FL 33462	<input type="checkbox"/> Delete	TITLE VPS NAME Elias, Wendy STREET ADDRESS 4860 Palo Verde Dr CITY-ST-ZIP Boynton Bch FL 33436	<input checked="" 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 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:		DATE 4/12/05 561-414-7496	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	