

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90118 035 \*\*\*150.00

DOCUMENT # P96000093765

1. Entity Name  
WORLD CLASS WASH AND DETAIL SERVICES, INC.



Principal Place of Business

100 N TAMIR ST  
TAMPA, FL 33602 US

Mailing Address

4115 W SPRUCE ST  
TAMPA, FL 33607

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3410271

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

~~GOODWIN, JAMES W ESQ~~  
~~400 N TAMPA STREET~~  
~~SUITE 2300~~  
~~TAMPA, FL 33602~~  
GOODWIN, JAMES W. ESQ  
MACFARLANE FERGUSON &  
MCMULLEN  
ONE TAMPA CITY CENTER  
SUITE 2000  
TAMPA, FL 33602

**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 GLASS, A.L. SKIP II  
STREET ADDRESS 4115 W SPRUCE ST  
CITY-ST-ZIP TAMPA, FL 33607

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #