2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/4

FILED
Jul 16, 2004 8:00 am
Secretary of State
05-04-2004 90149 025 ***150.00

66430023

04012004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000063843

1. Entity Name
MIRACLE CARWASH, INC.

Principal Place of Business	Mailing Address
4803 WEST GRADY BLVD. TAMPA, FL 33611	4803 WEST GRADY BLVD. TAMPA, FL 33611

2. Principal Place of Business	3. Mailing Address
4803 West Gardy Blvd	405 S. Dale Mabry Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. #321
City & State: Tampa, FL.	City & State: TAMPA, FLORIDA
Zip: 33611 Country: Hillsborough	Zip: 33609 Country: Hillsborough

4. FEI Number: APPLIED FOR 59-3466946 — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WILDER, MAURINE KAY
3302 BRIARWOOD LANE
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent
Name: Maurine Kay Wilder
Street Address (P.O. Box Number is Not Acceptable): 405 S. Dale Mabry Hwy #321
City: Tampa FL Zip Code: 33609

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: Maurine Kay Wilder DATE: April 22, 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILDER, MAURINE K		NAME	
STREET ADDRESS	3302 BRIARWOOD LANE		STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	
TITLE	V	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	SCOTT, ANNE		NAME	
STREET ADDRESS	3302 BRIARWOOD LN.		STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		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			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			CITY-ST-ZIP	

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: Maurine Kay Wilder April 22, 04 (813) 468-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #