


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P97000086342 1. Entity Name OSPREY CAR WASH, INC. |  |
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| Principal Place of Business 738 S TAMiami TR OSPREY, FL 34229 | Mailing Address 738 S TAMiami TR OSPREY, FL 34229 |
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3478435 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JOY, DANIEL ATTY.
1800 SECOND STREET
SUITE 717
SARASOTA, FL 34236

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS MCARTHY, DENISE PO BOX 1058 OSPREY, FL 34229 |
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08/04/05-80001-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Denise McCarthy 7/1/05 (aud) 926-9244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #