

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90053 046 ***150.00

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1. Entity Name
**KEEP IT KLEEN, FOAM AND SPRAY CAR CARE
STATIONS, INC.**



Principal Place of Business
**378 LAHACIENDA DR.
INDIAN ROCKS BEACH, FL 33785**

Mailing Address
**PO BOX 335
INDIAN ROCKS BEACH, FL 33785**

P.O. Box 1308 Elfers, Fl 34680

50014319



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3503100

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STIMSON, STEPHEN S
378 LAHACIENDA DR.
INDIAN ROCKS BEACH, FL 33785**

**5441 pilots Place
New port Richey Fl 34652**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	SDVT
NAME	STIMSON, STEPHEN S
STREET ADDRESS	378 LAHACIENDA DR.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	P
NAME	STIMSON, STEPHEN S
STREET ADDRESS	378 LAHACIENDA DR.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	New address
NAME	5441 pilots Place
STREET ADDRESS	New port Richey Fl 34680
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Stephen S Stimson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/05