2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000028830

1. Entity Name

KEEP IT KLEEN, FOAM AND SPRAY CAR CARE STATIONS, INC.



FILED Apr 25, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

PO BOX 1308 ELFERS, FL 34680 PO BOX 1308 ELFERS, FL 34680



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01292007 No Chg-P

CR2E034 (11/05)

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 5441 PILOTS PLACE NEW PORT RICHEY, FL 34652

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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 little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS SDVT TITLE STIMSON, STEPHEN S NAME STREET ADDRESS 5441 PILOTS PLACE CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE STIMSON, STEPHEN S STREET ADDRESS 5441 PILOTS PLACE NEW PORT RICHEY, FL 34652 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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12. I nereby 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 reserver 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 attact/ment with an address, with all put of the empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

122/07

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Daytime