


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90039 030 ***150.00

DOCUMENT # P98000065472	
1. Entity Name SPIFFY WASH & LUBE, INC.	

Principal Place of Business 1103 JOHN SIMS PARKWAY NICEVILLE FL 32578	Mailing Address 1103 JOHN SIMS PARKWAY NICEVILLE FL 32578
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54024021



MOORE CR2E034 (11/03)

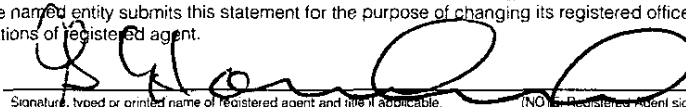
2. Principal Place of Business 1196 N EGLIN	3. Mailing Address 1196 N EGLIN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SHALIMAR FL	City & State SHALIMAR FL
Zip 32579	Country OK
Zip 32579	Country OK

4. FEI Number 59-3527332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOWLAND, GREG L 1103 JOHN SIMS PARKWAY NICEVILLE FL 32578	
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7. Name and Address of New Registered Agent Name GREG OR CORINNA HOWLAND Street Address (P.O. Box Number is Not Acceptable) 1196 N. EGLIN City SHALIMAR, FL FL Zip Code 32579	
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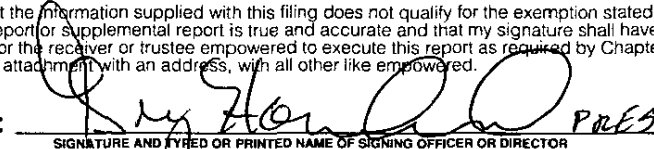
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent signature required when reinstating)	DATE 2-04-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ADDRESS ONLY
PSTD HOWLAND, GREG L 1103 JOHN SIMS PARKWAY NICEVILLE FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD GREG HOWLAND 1196 N. EGLIN SHALIMAR FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SEC CORINNA HOWLAND 1196 N EGLIN SHALIMAR FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  PRES	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	