


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90150 018 \*\*\*150.00

<b>DOCUMENT # P98000065472</b>	
1. Entity Name <b>SPIFFY WASH &amp; LUBE, INC.</b>	

Principal Place of Business <b>507 MARY ESTHER CUTOFF FT. WALTON BEACH FL 32548</b>	Mailing Address <b>507 MARY ESTHER FT. WALTON BEACH FL 32548</b>
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2. Principal Place of Business <b>SPIFFY'S</b>	3. Mailing Address
Suite, Apt. #, etc. <b>507 MARY Esther cutoff</b>	Suite, Apt. #, etc.
City & State <b>Fort Walton Beach</b>	City & State
Zip <b>32548</b>	Country <b>OK.</b>

1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-3527332</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>HOWLAND, CORINNA 20 PARADISE PT. SHALIMAR FL 32579</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 *Corinna Howland* DATE 04-06-06

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWLAND, CORINNA 20 PARADISE PT SHALIMAR FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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, without other like empowered.

SIGNATURE: *Corinna Howland* Corinna Howland 04.06.06 8637743

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