


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90278 035 \*\*\*150.00

<b>DOCUMENT # P99000017297</b> 1. Entity Name CAR WASH SYSTEMS, INC.					
Principal Place of Business 640 BAY WAY BLVD STE 301 CLEARWATER, FL 33767			Mailing Address 640 BAY WAY BLVD CLEARWATER, FL 33767		
2. Principal Place of Business 1924 RIPON DRIVE Suite, Apt. #, etc.		3. Mailing Address 1924 RIPON DRIVE Suite, Apt. #, etc.			
City & State CLEARWATER FL Zip 33764 Country		City & State CLEARWATER FL Zip 33764 Country		4. FEI Number 59-3567755 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04202005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ROUTH, GEORGE A 1446 COURT STREET CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name WALTER GIBSON, JR. Street Address (P.O. Box Number is Not Acceptable) 1924 RIPON DRIVE City CLEARWATER FL Zip Code 33764		
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: <i>Walter Gibson</i> x 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBSON, WALTER JR 5033 N TOPPING KANSAS CITY, MO 64119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, TIALIN 5033 N TOPPING KANSAS CITY, MO 64119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <i>Walter Gibson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			x 4-25-05 <small>Date Daytime Phone #</small>		