

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90037 038 ***150.00

DOCUMENT # P99000028063

1. Entity Name
NIKKI'S CAR WASH, INC.



Principal Place of Business
**565 U.S. HIGHWAY 27 NORTH
SEBRING, FL 33870**

Mailing Address
**PO BOX 7
MULBERRY, FL 33860
501 POPPELL DRIVE
LAKE LAND, FL 33813**

94031410



DO NOT WRITE IN THIS SPACE

03092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3566394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALKER, STEPHANIE
5787 DURRANCE ROAD
SEBRING, FL 33870**

**E. JANE PATRICK
501 POPPELL DR.
LAKE LAND, FL
33813**

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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 *E. Jane Patrick*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
PATRICK, E JANE
501 POPPELL DRIVE
LAKE LAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WALKER, STEPHANIE
5787 DURRANCE RD
MULBERRY, FL 33860**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
WALKER, DAVID
5787 DURRANCE RD
MULBERRY, FL 33860**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *E. Jane Patrick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04
Date

Daytime Phone #