2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					, , , ,	
DOCUMENT # P9900066159 1. Entity Name					Feb 11, 2004 08:00 AM Secretary of State	
PREMIER CAR WASH, INC.					Secretary of State	
Principal Place of Business		Mailing Address				
7142 120TH ST. NORTH SEMINOLE FL 33772		7142 120TH ST. NORTH SEMINOLE FL 33772				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State		Crity & State			4. FEI Number 59-3602934 Applied For Not Applicate	ale
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required	-10
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
THOMECZEK, WILLIAM A			N:	ame		
7142 120TH ST. NORTH SEMINOLE FL 33772			St	treet Address (F	P.O. Box Number is Not Acceptable)	
JLIV	MINOLE L 33/12			<u>.</u>		
				îty	FL 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						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	. Registered Age	nt signature required	when reinstating) DATE	
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 \$5.00 May Be Trust Fund Contribution.)
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Defete	TITLE		☐ Change ☐ Additi	ion
NAME STREET ADDRESS	THOMECZEK, WILLIAM A 7142 120TH ST. NORTH		name Street ad	IDRESS	U00000046070 02/11/04-80087-019 150.00	
CITY · ST · ZIP	SEMINOLE FL 33772		CITY-ST-2	ZIP	062 117 0 7 0000 1 010 100 100 1	
TITLE NAME	D THOMECZEK, ANITA L	☐ Delete	TITLE NAME	i L	☐ Change ☐ Addill	on
STREET ADDRESS	7142 120TH ST. NORTH		STREET AD	odress (
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-2	ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Additi	on
STREET ADDRESS CITY-ST-ZIP			STREET AD			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addili	— ion
NAME CTOSET ADDRESS			name Street ad	NDDESC		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	I		
TITLE		☐ Delete	TITLE		☐ Change ☐ Additi	ion
NAME STREET ADDRESS			name Street ad	DRESS		
CITY-ST-ZIP			CITY-ST-2			
TITLE NAME		☐ Dølete	TITLE NAME		Change Additi	іоп
STREET ADDRESS			STREET AD	odress	•	
CITY-ST-ZIP		h this filter dans and malify for	CITY-ST-Z		ction 119.07(3)(i). Florida Statutes. I further certify that the information	
t i∡. I nefeby t	cerniv mai me information subblied wit	n uns mora does not duality for	u le exembli	iuri sialeu IT 50	iodon i ratorioria, fiorida otatutes, i iudiner cerbiy inai ine information	

12. I nereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTEL NAME OF SIGNIFF OF DIRECTOR

Dayline Phone #