## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 08:00 A Secretary of State

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1. Entity Name

TCS VEHICLE WASH SYSTEMS, INCORPORATED



Principal Place of Business

5210 36TH AVE. DRIVE W. BRADENTON, FL 34209

Mailing Address

5210 36TH AVE. DRIVE W. BRADENTON, FL 34209



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4. FEI Number Applied For 65-0965736 Not Applied be

5. Certificate of Status Desired

02282008

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

HERSHELMAN, TERRY 5210 36TH AVE. DRIVE W. BRADENTON, FL 34209 DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the pullons of registered agent.	urpose of changing its registere	d office or re	gistered agent, or b	oth, in the State of Flor	ida. I am familiar v	vith, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	i Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	1 , 25 , 31 23 20 27 , 1 17 2 20	Section of the sectio		The second secon	gen engent to geget Jagon fore differ to great
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSHELMAN, TERRY 5210 36TH AVE. DRIVE W. BRADENTON, FL 34209						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERSHELMAN, ENICITAS 5210 36TH AVE. DRIVE W. BRADENTON, FL 34209				03/13/08-	845335 80033-025	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

2/28/08

941-737-2363

Daytime Phone if