

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90029 004 \*\*\*150.00

**DOCUMENT # P99000081095**

1. Entity Name

RITE NOW MOBILE DETAILING INC.



Principal Place of Business

9201 MCDAVID CT  
WINDERMERE FL 34786

Mailing Address

P.O. BOX 251  
WINDERMERE FL 34786

2. Principal Place of Business

9201 MCDAVID CT

3. Mailing Address

P.O. BOX 251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

City & State

WINDERMERE FL

Zip  
34786

Country

OKAYSE

Zip  
34786

Country

OKAYSE

4. FEI Number

59-3601612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVITT, IRA P  
9201 MCDAVID CT  
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

P ☐ Delete

LEVITT, IRA PAUL  
9201 MCDAVID COURT  
WINDERMERE FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P ☐ Delete

LEVITT, IRA P  
9201 MCDAVID CT  
WINDERMERE FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/06 47 822-9147