


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90104 045 \*\*\*150.00

<b>DOCUMENT # S24523</b>	
1. Entity Name <b>NELSON CAR WASH, INC.</b>	

Principal Place of Business <b>10895 OLD DIXIE HWY ST. AUGUSTINE, FL 32095 US</b>	Mailing Address <b>10895 OLD DIXIE HWY ST. AUGUSTINE, FL 32095 US</b>
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2. Principal Place of Business - No P.O. Box # <b>11590 Davis Creek Rd. E.</b>	3. Mailing Address <b>11590 Davis Creek Rd E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>
Zip <b>32256</b>	Country <b>US</b>
Zip <b>32256</b>	Country <b>US</b>



03082007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3046759</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ISAAC, FRED C. ESQUIRE 2468 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NELSON, SCOTT G. 10895 OLD DIXIE HWY ST. AUGUSTINE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Nelson, Scott G. 11590 Davis Creek Rd E. Jacksonville, FL 32256</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NELSON, BARBARA WYNNETTE 10895 OLD DIXIE HWY ST. AUGUSTINE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Nelson, Barbara Wynnente 11590 Davis Creek Rd E. Jacksonville, FL 32256</b> <input checked="" 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

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:  3/23/07