

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # S60681

1. Entity Name
TAKE CARE CAR WASH, INC.



Principal Place of Business

**1313 SAN MATEO DR
PUNTA GORDA, FL 33950**

Mailing Address

**1313 SAN MATEO DR
PUNTA GORDA, FL 33950**



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0292278

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YOUNKER, NORMAN E
1313 SAN MATEO DRIVE
PUNTA GORDA, FL 33950**

**DO NOT WRITE
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 *Norman E. Younker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-7

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**D
YOUNKER, NORMAN E
1313 SAN MATEO DR
PUNTA GORDA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
YOUNKER, NORMAN E.
1313 SAN MATEO DR.
PUNTA GORDA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000694763
04/17/07-80034-010 158.75

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IN THIS SPACE**

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: *Norman E. Younker (President)* 4-4-07 1-941-5751833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #