


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # V12141 1. Entity Name Z BEST CAR WASH BLANDING, INC.	
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Principal Place of Business 10895 OLD DIXIE HWY ST. AUGUSTINE, FL 32095 US	Mailing Address 10895 OLD DIXIE HWY ST. AUGUSTINE, FL 32095 US
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3104981	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ISAAC, FRED C. 2468 ATLANTIC BLVD. JACKSONVILLE, FL 32207
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 NELSON, SCOTT 10895 OLD DIXIE HWY ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAVOIS, JOHN E. 10895 OLD DIXIE HWY ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

1100000185579
01/21/05-80021-011 150.00

12. I hereby certify that the information supplied with this filing 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 reports 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, trustee, or 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:  **Scott Nelson** **1/14/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #