2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V12141

1. Entity Name
Z BEST CAR WASH BLANDING, INC.

Principal Place of Business	Mailing Address
11590 DAVIS CREEK ROAD EAST	11590 DAVIS CREEK ROAD EAST
JACKSONVILLE, FL 32256 US	JACKSONVILLE, FL 32256 US

DO NOT WRITE IN THIS SPACE

01172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3104981	Not Applicable

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

6. Name and Address of Current Registered Agent

ISAAC, FRED C.
2468 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

· **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, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	NELSON, SCOTT	
STREET ADDRESS	10895 OLD DIXIE HWY	
CITY-ST-ZIP	ST. AUGUSTINE, FL	
TITLE	D	
NAME	GRAVOIS, JOHN E.	
STREET ADDRESS	10895 OLD DIXIE HWY	
CITY-ST-ZIP	ST. AUGUSTINE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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01/24/08-80033-023 150.00

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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: _____ Scott Nelson   1-21-08   904-262-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #