

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90334 048 ***150.00

DOCUMENT # V43455 1. Entity Name U.S.A. TANK WASH, INC.					
Principal Place of Business 429 N 12TH ST HAINES CITY, FL 33844 US			Mailing Address 429 N 12TH ST HAINES CITY, FL 33844 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REESE, KLEIN C. PO BOX 1199 HAINES CITY, FL 33845				Name Cynthia J. Waters Street Address (P.O. Box Number is Not Acceptable) 429 N 12th Street City Haines City FL Zip Code 33844	
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 <u><i>Cynthia J. Waters</i></u> <u><i>Cynthia J. Waters</i></u> <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S REESE, KLEIN <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	PO BOX 1199		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33845		CITY-ST-ZIP		
TITLE	T WATERS, BETTY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	2810 ROOKS RD		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33844		CITY-ST-ZIP		
TITLE	P SARETH, THACH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	1120 LEONE DR		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	C KLEIN, CYNTHIA J <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Waters, Cynthia J.	
STREET ADDRESS	6336 TIMBERLAKE RD		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Cynthia J. Waters</i></u> <u><i>Cynthia J. Waters</i></u>			<u>4/28/06</u> <u>863 422-9542</u> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		