


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90782 010 \*\*\*150.00

**DOCUMENT # 515257**  
1. Entity Name  
**EAGER BEAVER CAR WASH, INC.**



Principal Place of Business      Mailing Address  
1791 SOUTH TAMiami TRAIL  
VENICE, FL 34293 US      1000 CRAWFORD PLACE  
SUITE 400  
MOUNT LAUREL, NJ 08054 US

14010041



04282004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1689663**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	P PAOLINO, LOUIS D JR 1000 CRAWFORD PLACE STE 400 MOUNT LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KRAMER, ROBERT M 1000 CRAWFORD PLACE STE 400 MOUNT LAUREL, NJ 08054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRZEMIEN, GREGORY M 1000 CRAWFORD PLACE STE 400 MOUNT LAUREL, NJ 08054
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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 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:**  **Gregory M. Krzemien**      Date **4/27/2004**      Daytime Phone # **856-776-2300**