


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 824229
 1. Entity Name
PELLERIN LAUNDRY MACHINERY SALES COMPANY, INC.



Principal Place of Business 700 JACKSON STREET POST OFFICE BOX 1137 KENNER, LA 70062-7774	Mailing Address 700 JACKSON STREET POST OFFICE BOX 1137 KENNER, LA 70062-7774
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03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 72-0503033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SHACKLEFORD, FARRIOR, STALLINGS & EVANS
 FARRIOR, J. REX, JR., 1ST FLORIDA TOWER
 TAMPA, FL 33601

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLERIN, CURTIS A. 300 STELLA ST METAIRIE, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FULGO, RICHARD C. 1031 RUE ORLEANS SLIDELL, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRILOT, CLIFTON 1508 HOUMA BLVD METAIRIE, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLERIN, JAMES 400 NORTHLINE METAIRIE, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/18/04-20018-015 150.00

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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: *[Signature]* *Richard C. Fulgo* 3/15/04 504-469-9593
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #