

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
700 JACKSON STREET 700 JACKSON STREET
POST OFFICE BOX 1137 POST OFFICE BOX 1137
KENNER, LA 70062-7774 KENNER, LA 70062-7774



03122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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

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

1000000278583
03/28/05-80029-023 150.00

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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: **3/23/05** **504-467-9593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #