2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F06047

1. Entity Name
JEANIES COIN LAUNDRIES, INC.



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

% JEAN TILLMAN 1610 TENNESSEE AVE LYNN HAVEN, FL 32444 Mailing Address

% JEAN TILLMAN 1610 TENNESSEE AVE LYNN HAVEN, FL 32444



03292007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2045849

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, JEAN 1610 TENNESSEE AVE LYNN HAVEN, FL 32444

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		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 reinstaling) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000707764 04/24/07-80087-008 158.75	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRECT DP TILLMAN, JEAN 1610 TENNESSEE AVE LYNN HAVEN, FL 32444	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. Thereby 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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2107

820-912-821

Date

Daylime Phone #