


FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90042 013 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
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| DOCUMENT # F77167 | |  | |
| 1. Entity Name WESTSIDE LAUNDRY, INC. | | | |
| Principal Place of Business 2400 SUE DR. KISSIMMEE, FL 34741 | | Mailing Address 2400 SUE DR. KISSIMMEE, FL 34741 | |
| 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 | |
| HERR, LEROY V 2400 SUE DR. KISSIMMEE, FL 34744 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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>Leroy V Herr</u> <u>LEROY V HERR</u> 1/31/06 <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP | V HERR, LEROY V. 2400 SUE DRIVE KISSIMMEE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Herr, Leroy V 2400 Sue Drive Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, KENNETH 2000 SHADOW OAKS RD. KISSIMMEE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Smith, Kenneth 2000 Shadow Oaks RD Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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>Leroy V Herr</u> <u>LEROY V HERR</u> 1/31/06 407-842-3483 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small> | | | |

60010564



01302006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2185364 Applied For
Not Applicable

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