


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000022552
 1. Entity Name
 2477 COIN LAUNDRY INC.



Principal Place of Business
 1020 N EDGEWOOD AVE #5
 JACKSONVILLE, FL 32254

Mailing Address
 12316 FLYNNWOOD RD
 JACKSONVILLE, FL 32223

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03202004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3648239 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EDISON, STEWART G
 12324 FLYNNWOOD RD
 JACKSONVILLE, FL 32223

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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: X Stewart G. Edison (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/04

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000137546
 04/29/04-80045-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EDISON, STEWART G
STREET ADDRESS	12316 FLYNNWOOD RD
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	TS
NAME	EDISON, DONNA
STREET ADDRESS	12316 FLY NNWOOD DR
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Stewart G. Edison DATE: 4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #