


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P0000022552 1. Entity Name 24/7 COIN LAUNDRY INC.	
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Principal Place of Business 1020 N EDGEWOOD AVE #5 JACKSONVILLE FL 32254	Mailing Address 12316 FLYNNWOOD RD JACKSONVILLE FL 32223
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-3648239
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent EDISON, STEWART G 12316 FLYNNWOOD RD JACKSONVILLE FL 32223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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: *Stewart G. Edison* 1/17/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME EDISON, STEWART G	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 12316 FLYNNWOOD RD CITY-ST-ZIP JACKSONVILLE FL 32223	STREET ADDRESS CITY-ST-ZIP	01/26/06-80002-004 150.00	NAME EDISON, DONNA
TITLE TS <input type="checkbox"/> Delete	NAME EDISON, DONNA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 12316 FLYNNWOOD DR CITY-ST-ZIP JACKSONVILLE FL 32223	STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Stewart G. Edison* 1/17/06 904-945-7723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #