


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

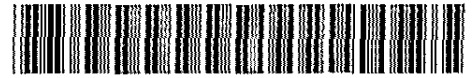
**DOCUMENT # P00000022552**

1. Entity Name  
**24/7 COIN LAUNDRY INC.**



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

Mailing Address  
**12316 FLYNNWOOD RD  
 JACKSONVILLE FL 32223**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt #, etc

3. Mailing Address  
 Suite, Apt #, etc

City & State

Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-3648239** Applied For  
 Not Applied

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

**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 **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 \_\_\_\_\_ 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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	EDISON, STEWART G	12316 FLYNNWOOD RD	JACKSONVILLE FL 32223	<input type="checkbox"/>
TS	EDISON, DONNA	12316 FLYNNWOOD DR	JACKSONVILLE FL 32223	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 02/16/07-80004-023 150.00

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 **STEWART G. EDISON** 2/5/07 904-262-4273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #