## **FILED 2008 FOR PROFIT CORPORATION** Apr 17, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P01000074417 CHONG IN'S LAUNDROMAT, INC. Principal Place of Business Mailing Address 72 BEAL PKWY NW 72 BEAL PKWY NW FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 32548 04112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3740161 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHROEDER, CHONG I DO NOT WRITE 72 BEAL PKWY NW FT WALTON BEACH, FL 32548 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: 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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000904508

05/01/08-80015-010 150.nn

Applied For Not Applicable

OFFICERS AND DIRECTORS 10. TITLE SCHROEDER, CHONG IN 72 NW BEAL PKWY STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32548 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-S1-7P

## DO NOT WRITE IN THIS SPACE

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 the 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

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #