

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 824229

1. Entity Name
**PELLERIN LAUNDRY MACHINERY SALES COMPANY,
INC.**



Principal Place of Business
**700 JACKSON STREET
POST OFFICE BOX 1137
KENNER, LA 70062-7774**

Mailing Address
**700 JACKSON STREET
POST OFFICE BOX 1137
KENNER, LA 70062-7774**



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number
72-0503033

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHACKLEFORD, FARRIOR, STALLINGS & EVANS
FARRIOR, J. REX, JR., 1ST FLORIDA TOWER
TAMPA, FL 33601**

**DO NOT WRITE
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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**UN00000278583
03/28/05-80029-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PELLERIN, CURTIS A.
300 STELLA ST
METAIRIE, LA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
FULGO, RICHARD C.
1031 RUE ORLEANS
SLIDELL, LA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FRILOT, CLIFTON
1508 HOUMA BLVD
METAIRIE, LA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PELLERIN, JAMES
400 NORTHLINE
METAIRIE, LA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05 504-467-9593

Date

Daytime Phone #