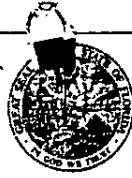


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 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**



03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-0503033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PELLERIN, CURTIS A.
STREET ADDRESS	19151 BELLERIVE CT
CITY- ST- ZIP	BATON ROUGE, LA 70809
TITLE	ST
NAME	FULGO, RICHARD C.
STREET ADDRESS	1031 RUE ORLEANS
CITY- ST- ZIP	SLIDELL, LA
TITLE	V
NAME	FRILOT, CLIFTON
STREET ADDRESS	1508 HOUMA BLVD
CITY- ST- ZIP	METAIRIE, LA
TITLE	D
NAME	PELLERIN, JAMES
STREET ADDRESS	PALMER
CITY- ST- ZIP	NEW ORLEANS, LA 70118
TITLE	V
NAME	MCCLURE, SCOTT D
STREET ADDRESS	335 RED MAPLES DR
CITY- ST- ZIP	MANDEVILLE, LA 70448
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/10/08-80080-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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

3/26/08

Date

504-467-9593

Daytime Phone #