## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 127004**

1. Entity Name

NATIONAL LAUNDRY & CLEANING COMPANY, INC.



Principal Place of Business

107 WEST GREGORY STREET PENSACOLA, FL 32501 Mailing Address

107 WEST GREGORY STREET PENSACOLA, FL 32501

## Feb 02, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRISON III, R. BRUCE 107 WEST GREGORY STREET PENSACOLA, FL 32501

## DO NOT WRITE IN THIS SPACE

No Chg-P

01122004

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its re	gistered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	χt
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE. F	Registered Agent signatur	re required When reinstating)	DATE	:
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000028497 02/04/04-80027-018 158.00	.e.
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MORRISON, III, R. BRUCE 107 WEST GREGORY STREET PENSACOLA, FL 32501		- -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRISON, ANNE L 107 W GREGORY STREET PENSACOLA, FL 32501					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, JULIA C 3539 FIRESTONE BLVD PENSACOLA, FL 32503			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						
12. Increby	certify that the information supplied with this to	ung does not qualify for the	ne exemption state	ed in Section 119.07(3)	(i), Florida Statutes. I further certify that the information	

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.