

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 446275

1. Entity Name
COIN LAUNDRY EQUIPMENT CO., INC.



Principal Place of Business
1626 TRADEWINDS DRIVE
GULF BREEZE, FL 32563 US

Mailing Address
1626 TRADEWINDS DRIVE
GULF BREEZE, FL 32563 US



06132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1536166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGALL, BILL G. CPA
2101 N 9TH AVENUE
PENSACOLA, FL 32503

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/PR JORDAN, PATSY L L 711 UNDERWOOD DRIVE PENSACOLA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JORDAN, JAY M 1049 EDGEWATER LANE GULF BREEZE, FL 32623
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/20/07-80003-000 550.00

**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: Jay M Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/14/07
Date

850-932-8348
Daytime Phone