


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 533912
 1. Entity Name
SUNCOAST LAUNDRY EQUIPMENT, INC.



Principal Place of Business Mailing Address
 2195 S. COMBEE RD. 2195 S. COMBEE RD.
 LAKELAND, FL 33801 LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE



01112006 No Chg-F CR2E034 (11/05)

4. FEI Number 59-1744128	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
 JOHNSON, SCOTT A
 1327 SOUTHGLEN LANE
 LAKELAND, FL 33813

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: Scott A. Johnson DATE: 2-21-06
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, 2006 Fee will be \$550.00

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	P JOHNSON, SCOTT A 1327 SOUTHGLEN LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, JACQUELINE F 1327 SOUTHGLEN LANE LAKELAND, FL 33813
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	

1100010446851
 03/08/06-80030-017 150.00

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: Scott A. Johnson SCOTT A. JOHNSON 2-21-06 863-669-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oayama Phone #