


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
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-0503033	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

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

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

000000873473
 04/10/08-80080-019 150.00

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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]* **3/26/08** **504-467-9593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #