

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000173

FILED  
May 04, 2009  
Secretary of State

Entity Name: BLUE LAGOON CARWASH/LAUNDROMAT, INC.

**Current Principal Place of Business:**

9300 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

9300 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772

**New Mailing Address:**

FEI Number: 68-0567630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHLEUSNER, WINFRED  
9300 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CV ( ) Delete  
Name: SCHLEUSNER, HEINZ  
Address: 1160 GULF BOULEVARD  
City-St-Zip: BELLEAIR SHORE, FL 33786

Title: VCS ( ) Delete  
Name: SCHLEUSNER, URSULA  
Address: 1160 GULF BOULEVARD  
City-St-Zip: BELLEAIR SHORE, FL 33786

Title: P ( ) Delete  
Name: SCHLEUSNER, WINFRED  
Address: 16361 REDINGTON DRIVE  
City-St-Zip: REDINGTON BEACH, FL 33708

Title: T ( ) Delete  
Name: SCHLEUSNER, PETER  
Address: 12921 74TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.S.

P

05/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date