

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90005 050 ***150.00

DOCUMENT # F77167

1. Entity Name

WESTSIDE LAUNDRY, INC.



Principal Place of Business

2000 SHADOW OAKS ROAD
KISSIMMEE FL 34744

Mailing Address

2000 SHADOW OAKS ROAD
KISSIMMEE FL 34744

2. Principal Place of Business

2400 SUE DR.
Suite, Apt. #, etc.

3. Mailing Address

2400 SUE DR
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-2185364

Applied For

Not Applicable

Zip

34741

Country

U.S.A.

Zip

34741

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, KENNETH Y.
2000 SHADOW OAKS RD.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name LEROY V HERR
Street Address (P.O. Box Number is Not Acceptable)
2400 SUE DRIVE
City Kissimmee **FL** Zip Code 34741

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

LEROY V HERR VP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	HERR, LEROY V.	
STREET ADDRESS	2400 SUE DRIVE	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, KENNETH	
STREET ADDRESS	2000 SHADOW OAKS RD.	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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.

SIGNATURE:

LEROY V HERR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04
Date

407-847-3483
Daytime Phone #