2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 08:00 AM **Secretary of State DOCUMENT # F77167** 1. Entity Name WESTSIDE LAUNDRY, INC. Mailing Address Principal Place of Business 2400 SUE DR. 2400 SUE DR. KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2185364 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERR, LEROY V DO NOT WRITE 2400 SUE DR. KISSIMMEE, FL 34744 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 reinstating) Signature, typed or printed name of registered agent and title if applicable U000000781023 9. Election Campaign Financing \$5.00 May Be 01/15/08-80017-017 150.00 FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. ... Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME HERR, LEROY V. 2400 SUE DRIVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 TITLE SMITH, KENNETH NAME 2000 SHADOW OAKS RD. STREET ADDRESS KISSIMMEE, FL 34741 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LETOG V

1/11/08 407-847-348

FILED