

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G18207

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** E. LAUNDEANE ENTERPRISES, INC.

**Current Principal Place of Business:**

15991 NE 243RD PLACE ROAD  
FT. MCCOY, FL 32134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 60  
FT. MCCOY, FL 32134

**New Mailing Address:**

**FEI Number:** 59-2280722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAUNDEANE, JACQUELINE L  
16970 NE 243RD ST RD  
FT. MCCOY, FL 32134 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: LAUNDEANE, JACQUELINE L  
Address: 16970 NE 243RD ST RD  
City-St-Zip: FT. MCCOY, FL 32134

Title: VPD  
Name: BUTLER, ROBERT P  
Address: 5501 CARLTON ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE LAUNDEANE

PRES

01/24/2012

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

\_\_\_\_\_  
Date