

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90009 011 ***150.00

DOCUMENT # H26039

1. Entity Name
BLUE FOUNTAIN COIN LAUNDRY, INC.



Principal Place of Business Mailing Address
~~% STELLA COMBS~~ **THOMAS WHITEHEAD** ~~% STELLA COMBS~~ **THOMAS WHITEHEAD**
2037 BAHIA VISTA STREET 2037 BAHIA VISTA STREET
SARASOTA, FL 34239 SARASOTA, FL 34239

54007240

2. Principal Place of Business 3. Mailing Address
2037 Bahia Vista St **2037 Bahia Vista St**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country
SARASOTA FL **34239** **SARASOTA** **SARASOTA FL** **34239** **SARASOTA**

01142004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2452713 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEHEAD, THOMAS C
2470 ARLINGTON ST
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	COMBS, STELLA	
STREET ADDRESS	2037 BAHIA VISTA STREET	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITEHEAD, NYLA A.	
STREET ADDRESS	2470 ARLINGTON ST.	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITEHEAD, THOMAS C.	
STREET ADDRESS	2470 ARLINGTON ST.	
CITY-ST-ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, THOMAS C	
STREET ADDRESS	2470 ARLINGTON ST	
CITY-ST-ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, NYLA A	
STREET ADDRESS	2470 ARLINGTON ST	
CITY-ST-ZIP	SARASOTA, FL	
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: **Nyla Whitehead** **Nyla Whitehead** **2-10-04** **953-6022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #