

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J27008 1. Entity Name BOCA LINEN & LAUNDRY SERVICE, INC.																																																																																																																																																					
Principal Place of Business 169 NW 16TH STREET BOCA RATON FL 32432 US			Mailing Address P.O. BOX 746 BOCA RATON FL 33429																																																																																																																																																		
2. Principal Place of Business Suite, Apt. If, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
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Country		Country		4. FEI Number 59-2704020																																																																																																																																																	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applied																																																																																																																																																	
6. Name and Address of Current Registered Agent KNIGHT, PETER 169 NW 16TH STREET BOCA RATON FL 32432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																	
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.				\$8.75 Additional Fee Required																																																																																																																																																	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																					
DATE _____																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State																																																																																																																																																					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee																																																																																																																																																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Peter Knight</u> MAR 17 06 561-368-554																																																																																																																																																					