

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K38074**

1. Entity Name  
**CROWN PREFERRED LAUNDRY SERVICE, INC.**

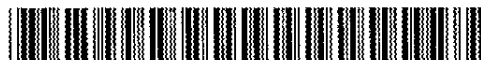


Principal Place of Business

**C/O GEORGE A. BELLEAU  
1501 NORTH GUILLEMARD ST.  
PENSACOLA, FL 32501**

Mailing Address

**C/O GEORGE A. BELLEAU  
1501 NORTH GUILLEMARD ST.  
PENSACOLA, FL 32501**



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-0967475**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BELLEAU, GEORGE A.  
1501 NORTH GUILLEMARD ST.  
PENSACOLA, FL 32501**

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when re-stating)

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**

000000089002

03/15/04-80075-004 750.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BELLEAU, GEORGE A.  
1501 NO. GUILLEMARD ST.  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BELLEAU, ANN F  
204 LAURA LANE  
GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BELLEAU, ANN F  
204 LAURA LANE  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SMYTHE, WILLIAM K  
9335 WOODRUN RD  
PENSACOLA, FL 32514**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*W. K. Smythe, V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/04*  
Date

*(850) 465-9908*  
Daytime Phone #