


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P0000052542 |  |
| 1. Entity Name B & A LAUNDRY DEPOT, INC. | |

| | |
|---|---|
| Principal Place of Business 302 SW 1ST AVENUE DELRAY BEACH FL 33444 | Mailing Address 302 SW 1ST AVENUE DELRAY BEACH FL 33444 |
|---|---|



MOORE CR2E034 (11/03)

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | | |
|------------------------------------|---|--|
| 4. FEI Number 65-1018407 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent |
| VENTRY, LYNNE S.K. ESQ 185 NW SPANISH RIVER BLVD SUITE 290 BOCA RATON FL 33431 |

| | | |
|--|-----------|----------|
| 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
Make Check Payable to Florida Department of State

| | | |
|--|--------------------------|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD MARKFIELD, PEARL 302 SW 1ST AVENUE DELRAY BEACH FL 33444 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ELROD, ALLISON 302 SW 1ST AVENUE DELRAY BEACH FL 33444 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | U00000031356 02/04/04-80146-007 150.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Paul Ventry* **1-27-04** **1/28/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone