


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90087 049 ***150.00

DOCUMENT # P01000714895	
1. Entity Name K. KLEEN LAUNDRY, INC.	

Principal Place of Business 663 CANAL DR N FT MYERS FL 33903	Mailing Address 663 CANAL DR N FT MYERS FL 33903
--	--

2. Principal Place of Business 2211 N.W. 14TH LANE Suite, Apt. #, etc.	3. Mailing Address 2211 N.W. 14TH LANE Suite, Apt. #, etc.
--	--

City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33993	Country LEE

4. FEI Number 01-0563466	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent KNAPP, WAYNE H 663 CANAL DRIVE NORTH FORT MYERS FL 33903	
---	--

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 <u>Wayne H. Knapp</u> DATE <u>4/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>Signature, typed or printed name of registered agent and title if applicable</small>	
---	--

FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNAPP, WAYNE H 663 CANAL DRIVE NORTH FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAYNE H. KNAPP 2211 N.W. 14TH LANE CAPE CORAL FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Wayne H. Knapp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>4/11/05</u> <small>Date</small>	DAYTIME PHONE: <u>239 283 5334</u> <small>Daytime Phone #</small>
---	---	--