

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000005540

1. Entity Name
KING LAUNDROMAT, INC.



Principal Place of Business
**1414 1ST STREET NORTH
WINTER HAVEN, FL 33881**

Mailing Address
**1414 1ST STREET NORTH
WINTER HAVEN, FL 33881**



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0578249

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BALOGH, MALIK
1416 1ST ST N
WINTER HAVEN, FL 33881**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KHAN, HASSAN
STREET ADDRESS	6253 INDIAN MEADOWS
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	V
NAME	BALOGH, MALIK
STREET ADDRESS	1416 1ST ST N
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80096-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: MALIK BALOGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #