2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 08, 2005 8:00 am Secretary of State DOCUMENT # P02000065954 09-08-2005 90072 019 ***150.00 1. Entity Name RESORT'S LINEN SERVICES INC. Principal Place of Business Mailing Address 15870-4 PINE RIDGE RD 15870-4 PINE RIDGE RD 50065782 FT. MYERS, FL 33908 FT. MYERS, FL 33908 2. Principal Place of Pusiness Suite, Apt. #, etc. 07142005 CR2E034 (10/03) City & State Mers 4. FEI Number Applied For 30-0088210 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARY, DAVID W Street Address (P.O. Box Number is Not Acceptable) 1325-C DEL PRADO BLVD. CAPE CORAL, FL 33990 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE AVID W.C 325c Del PRADO Blud S NAME DERHODES, MICHAEL NAME 15870-4 PINE RIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33908 CITY-ST-ZIP TITLE Delete TITLE DERHODES, DOROTHY NAME NAME STREET ADDRESS 15870-4 PINE RIDGE RD STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33908 CITY-ST-ZIP THE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS Coupling of the Automatic Section of the Particular Countries of the Particular Countr CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete †ITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 peport 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 of truefee empowered to exempting 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 beith all other like empowered. SIGNATURE: _

FILED

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000065954 1. Entity Name RESORT'S LINEN SERVICES INC.												
Principal Place of Business 15870-4 PINE RIDGE RD FT. MYERS, FL 33908				Mailing Address 15870-4 PINE RIDGE RD FT. MYERS, FL 33908				(00	65	78	·)
2. Principal P Suite, Apt.		eld	se Rd	3. Mailing Address 1565 Pt 106 Suite, Apt. #, etc.	=Ric	dse!	RD	07142005	Chg-P	CR2E0	34 (10/03	
+J. Myers H				City & State Ny e		FC ntry		4. FEI Number 30-0088210			-	Applied For Not Applicable
339		US	<u>Pr</u>	33908	u	SA			of Status Desired		Fee Requi	
	6. Name a	nd Address	of Current R	legistered Agent		Name		7. Name and	Address of New	Registered A	gent	
CARY, DAVID W 1325-C DEL PRADO BLVD. CAPE CORAL, FL 33990							Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	Zip Co	ae
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												
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE+ NAME STREET CITY-S	I ADDRESS ST-ZIP					☐ Change	Addition
12. Thereby certify that the information supplied with this filling does not quality 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 of 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.											er or director	
SIGNAT	SIGNATURE: AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR Date Obvirte Phone 4											

RESORT LINEN SERVICE, INC. ATTACHMENT 15870 PINE RIDGE RD SUITE 4	1831
FORT MYERS, FL 33908 PH (239) 466-8082	63-215/631
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