

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90005 024 ***150.00

DOCUMENT # P02000065954

1. Entity Name
RESORT'S LINEN SERVICES INC.



40100047

Principal Place of Business
**15651 PINE RIDGE RD
FORT MYERS, FL 33908**

Mailing Address
**15651 PINE RIDGE RD
FORT MYERS, FL 33908**

DO NOT WRITE IN THIS SPACE



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0088210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARY, DAVID W
1325-C DEL PRADO BLVD.
CAPE CORAL, FL 33990**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **DERHODES, MICHAEL**
STREET ADDRESS **15651 PINE RIDGE RD**
CITY-STATE-ZIP **FORT MYERS, FL 33908**

TITLE **D**
NAME **DERHODES, DOROTHY**
STREET ADDRESS **15651 PINE RIDGE RD**
CITY-STATE-ZIP **FORT MYERS, FL 33908**

TITLE **D**
NAME **CARY, DAVID W**
STREET ADDRESS **1325 C DEL PRADO BLVD S**
CITY-STATE-ZIP **CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-06