

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90069 049 ***150.00

DOCUMENT # P02000065954

1. Entity Name
RESORT'S LINEN SERVICES INC.



Principal Place of Business

15651 PINE RIDGE RD
FORT MYERS, FL 33908

Mailing Address

15651 PINE RIDGE RD
FORT MYERS, FL 33908

40074626



DO NOT WRITE IN THIS SPACE

03122007 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

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
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CITY ST-ZIP

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CITY ST-ZIP

TITLE
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STREET ADDRESS
CITY ST-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: *K. M. Derhodes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07
Date

Daytime Phone #