2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 17, 2004 8:00 am Secretary of State

DOCUMENT # P02000070145 1. Entity Name C&D LINEN SERVICES, INC.						05-17-200	04 90020 03	37 ***1	50.00
Principal Place	of Business	Mailing Address	 	· · · · · · · · · · · · · · · · · · ·				-	
2363 OAK CREEK CIR MELBOURNE, FL 32935		PO BOX 360787 MELBOURNE, FL 32936				: ,			
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05042004	Chg-P	CR2E034 (
City & State		City & State		4. FEI Number 01-0725	296		Not	Applicable	
Zip	Country	Zip Country		у	5. Certificate of		Fee	. 75 .Addit Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agei	nt	
				Name					
SADALA, BARBARA 2363 OAK CREEK CIR MELBOURNE, FL 32935				Street Address (P.O. Böx Number is Not Acceptable)					
	•								
	•	City		City			FL	Zip Code	
	named entity submits this statement for one of registered agent.	or the purpose of changing its	registered	d office or registe	red agent, or both	, in the State of Flo	orida. I am fami	iliar with, a	and accept
SIGNATURE				***					
,*	Signature, typeo or printed name of registered agent	and tide if applicable. (NOTE	E: Registered A	Agent signature require	d when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution.									
`* D(.00 May Be led to Fees	In accordance v corporation did			
10.		Trust Fund Conti			led to Fees		not receive th	e prior n	otice.
10.	OFFICERS AND	Trust Fund Conti	11.	Add	led to Fees	corporation did	not receive th	e prior n	otice.
10. TITLE NAME	OFFICERS AND D FISHER, CAROL	Trust Fund Contr	11. TITLE NAME	Ādo	led to Fees	corporation did	not receive th	e prior n	otice.
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2. In Preby certify that the information supplies with this mining does not qualify for the exemption state of 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

SUCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-14-04

Daytime Phone #

DONNA M. SCHULZ