

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90006 013 \*\*\*150.00

**DOCUMENT # P02000070145**

1. Entity Name  
**C&D LINEN SERVICES, INC.**



Principal Place of Business  
**2363 OAK CREEK CIR  
MELBOURNE, FL 32935**

Mailing Address  
**PO BOX 360787  
MELBOURNE, FL 32936**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05162005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**01-0725296**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SADALA, BARBARA  
2363 OAK CREEK CIR  
MELBOURNE, FL 32935**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Barbara Sadala*

*5-29-05*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **FISHER, CAROL**  
STREET ADDRESS **2363 OAK CREEK CIR**  
CITY - ST - ZIP **MELBOURNE, FL 32935**

TITLE **D** ☐ Delete  
NAME **GULLINGSRUD, MARIANNE**  
STREET ADDRESS **2363 OAK CREEK CIR**  
CITY - ST - ZIP **MELBOURNE, FL 32935**

TITLE **D** ☐ Delete  
NAME **SCHULZ, DONNA**  
STREET ADDRESS **4880 SILVER OAKS BLVD**  
CITY - ST - ZIP **MELBOURNE, FL 32938**

TITLE **D** ☐ Delete  
NAME **SADALA, BARBARA**  
STREET ADDRESS **2363 OAK CREEK CIR**  
CITY - ST - ZIP **MELBOURNE, FL 32935**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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 #