

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90078 027 \*\*\*150.00

**DOCUMENT # P03000018752**

1. Entity Name

COUNTRY VILLA LAUNDROMAT, INC.



Principal Place of Business

5435 LEWELLYN RD  
LAKELAND FL 33810  
US

Mailing Address

P.O. BOX 711  
LAKELAND FL 33849  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3766520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AIRTH, H. ADAM JR  
500 S FLORIDA AVE  
STE 800  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

Shirley J. Spivey

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

2025 West Daughtery Road

City

Lakeland

FL

Zip Code

33810

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

Shirley J. Spivey

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

Shirley J. Spivey

(If not Registered Agent signature required when restate)

DATE

3-31-06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SPIVEY, SHIRLEY J	
STREET ADDRESS	5435 LEWELLYN RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SPIVEY, OLIN J	
STREET ADDRESS	5435 LEWELLYN RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATSON, DANNY J	
STREET ADDRESS	5435 LEWELLYN RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPIVEY, LETTY J	
STREET ADDRESS	5435 LEWELLYN RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WATSON, APRIL S	
STREET ADDRESS	5435 LEWELLYN RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Shirley J. Spivey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06

Date

863-858-2262

Daytime Phone #