

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90050 006 ***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 - No P.O. Box #

3. Mailing Address

2090 Gibsonsia Galloway Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

City & State

City & State

Lakeland FL

4. FEI Number
59-3766520

Applied For

Not Applicable

Zip

Country

Zip

Country

33810

USA

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

**SPIVEY, SHIRLEY J
2025 W DAUGHTERY RD
LAKELAND, FL 33810**

Name

Shirley J. Spivey

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

2090 Gibsonsia Galloway 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.

(NOTE: Registered Agent signature required when reinstating)

3-12-07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **SPIVEY, SHIRLEY J**
CITY-ST-ZIP **5435 LEWELLYN RD
LAKELAND, FL 33810**

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

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **SPIVEY, OLIN J**
CITY-ST-ZIP **5435 LEWELLYN RD
LAKELAND, FL 33810**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **WATSON, DANNY J**
CITY-ST-ZIP **5435 LEWELLYN RD
LAKELAND, FL 33810**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SPIVEY, LETTY J**
CITY-ST-ZIP **5435 LEWELLYN RD
LAKELAND, FL 33810**

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

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **WATSON, APRIL S**
CITY-ST-ZIP **5435 LEWELLYN RD
LAKELAND, FL 33810**

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

TITLE ☐ Delete
NAME
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 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:

Shirley J. Spivey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07

Date

813-858-2262

Daytime Phone #