

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000034664

1. Entity Name
VICTORIA LAUNDRY, INC



Principal Place of Business
18 FANWOOD CT
PALM COAST, FL 32127

Mailing Address
1515 RIDGEWOOD AVENUE, STE A
HOLLY HILL, FL 32117

2. Principal Place of Business - No P.O. Box #
17 CEDARVIEW CT
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PALM COAST, FL
Zip
32137

City & State

Zip

Country

07102007 Chg-P CR2E034 (12/06)

4. FEI Number
16-1643482

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOGUIDICE, JOE
1515 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

7. Name and Address of New Registered Agent

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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
THOMAS, OKEEFE
18 FANWOOD CT
PALM COAST, FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCOTT, NIEMINEN
18 FANWOOD CT
PALM COAST, FL 32127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Delete

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NAME
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
40 ISLAND ESTATES PKWY
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
17 CEDARVIEW CT
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
900109594939
09/18/07--01066--024 **150.00

TITLE
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☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/07 386 931 5681