

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064328

1. Entity Name  
CURRY FORD EAST COIN LAUNDRY, INC.



Principal Place of Business  
2329 SOUTH GOLDENROD ROAD  
ORLANDO, FL 32822

Mailing Address  
2329 SOUTH GOLDENROD ROAD  
ORLANDO, FL 32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
04 JUL 12 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
63/31/04 90032 037 \$150.00  
07072004 Chg-P CR2E034 (10/03)

4. FEI Number

81-0619571

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

PATEL, SAMIR A.  
6530 SWISSCO DRIVE APT 1112  
ORLANDO, FL 32822

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 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME PATEL, SAMIR  
STREET ADDRESS 6530 SWISSCO DRIVE APT 1112  
CITY-ST-ZIP ORLANDO, FL 32822

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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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

7/7/04  
Date

301-471-3651  
Daytime Phone #

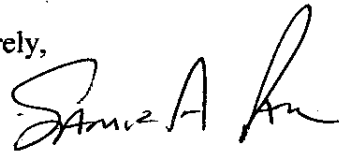
To Division of Corporations,

7/7/2004

I am sending the attached Annual Report with the FEI number for the corporation. I have already sent a check for \$150 and the Annual Report back in March 2004. The check (#1136) was cashed by the state at that time.

I did not receive the 1<sup>st</sup> letter sent out by the state for me to resend the Annual Report with the FEI number (I did not put it on the original AR). However, I did receive the Notice of Intent to Dissolve. When I called the state office regarding this matter on 7/7/2004, they instructed me to resend the Annual Report with the FEI number on it with this letter of explanation.

Sincerely,



Document #  
PO 3000064328