

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0400000070

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: LAUNDRY CONSULTANTS, INC.

**Current Principal Place of Business:**

8282 WESTERN WAY CIR  
SUITE A4  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8282 WESTERN WAY CIR  
SUITE A4  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 90-0133472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OBLAS, GAIL  
8888 BELLE RIVE BLVD  
JACKSONVILLE, FL 32256      US

**Name and Address of New Registered Agent:**

OBLAS, GAIL M  
8888 BELLE RIVE BLVD  
JACKSONVILLE, FL 32256      US

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.

SIGNATURE: GAIL M OBLAS

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VSTD ( ) Delete  
Name: OBLAS, GAIL  
Address: 8888 BELLE RIVE BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD ( ) Delete  
Name: GOTTLEIB, MARTIN H  
Address: 8888 BELLE RIVE BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VSTD (X) Change ( ) Addition  
Name: OBLAS, GAIL M  
Address: 8888 BELLE RIVE BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL M OBLAS

VP

04/14/2004

Electronic Signature of Signing Officer or Director

Date