2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 03, 2008 08:00 A

Secretary of State

Daytime Phone #

ANNUAL REPORT				Mar 03, 2008 08			
DOCU	MENT # P040000769				Secreta	ary of S	
1. Entity Nam CONTINE	¹⁹ Ental Coin Laundry, Inc						•
•	e of Business E POINT ROAD AL 35907	Mailing Address 3085 BRIDGE POINT ROAD SOUTHSIDE, AL 35907			a sem sisa kāu kāu sem sem	ı Pülli ikü ik dırın rolli	11 0 11 4001260 3: 100
							
F	O NOT WRITE	IN THIS SDA	^E	02282008	No Chg-P	CR2E034 (11	/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 20-114			Applied For Not Applicable
				5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Re	gistered Agent					
KIRKWOOD, PETER T 601 BAYSHORE BLVD STE 700 TAMPA, FL 33606					NOT W THIS SP		
7 The observe	named entity submits this statement for t	on a vaccion of abounties its conjutes	ad affice or register	rod agost or bo	uh in the State of Flo	rida. Lam tamiliar	with and accept
	tions of registered agent.	ie purpose of changing as register	ed Onice or register	ed agent, or bu	ar, ar are state of the	rica. Tan iai iai	with and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	little if applicable (NQTE: Registere	d Agent signature required	(when reinstating)		DATE	<u> </u>
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS			! <u></u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKER, DENNIS M 3085 BRIDGE POINT ROAD SOUTHSIDE, AL 35907				÷		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U0000 03/13/08	0844913 -80019-00	1 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			DO	NOT W	RITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,			
	certify that the information supplied wird the conthis report or supplemental report is reportation or the receiver or trustee embow, or on an attachment with an address, with	is filing does not qualify for the ex- ue and accurate and that my signal ered to security this report as required in all other like empowered.	emptions contained ture shall have the red by Chapter 607	f in Chapter 119 same legal effe 7, Florida Statute	9, Florida Statutes. I ct as it made under o es; and that my name	further certify that ath; that I am and appears in Block	the information officer or director t 10 or Block 11 if