

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90166 002 ***150.00

DOCUMENT # P04000087634

1. Entity Name
MILLENNIUM COIN LAUNDRY, INC



Principal Place of Business
**2275 GEORGE WYTHE ROAD
ORANGE PARK, FL 32073**

Mailing Address
**2275 GEORGE WYTHE ROAD
ORANGE PARK, FL 32073**

40073000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04182007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
1975 Wells Rd #10

Suite, Apt. #, etc.
4401 Emerson St #8

City & State
Orange Park, FL

City & State
Jacksonville, FL

4. FEI Number
20-1213636

Applied For
Not Applicable

Zip
32273

Country

Zip
32207

Country
Duval

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

**KYONG SUP, LIM
1429 CANOPY OAKS
ORANGE PARK, FL 32065**

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
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
LIM, KYOUNG SUP
2275 GEORGE WYTHE ROAD
ORANGE PARK, FL 32073**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
only

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**1429 Canopy Oaks Dr
Orange Park, FL 32065**

☐ Delete

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☐ 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: **Kyoung Sup Lim**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22 - 07

Date

904-291-4196

Daytime Phone #