

FILED
May 20, 2005 8:00 am
Secretary of State

04-18-2005 90266 043 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000094437			
1. Entity Name SO. AVE. LAUNDRY, INC.			
Principal Place of Business 313 SOUTH AVENUE FT WALTON BEACH, FL 32547		Mailing Address 313 SOUTH AVENUE FT WALTON BEACH, FL 32547	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1850965		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENZ, RITA 313 SOUTH AVENUE FT WALTON BEACH, FL 32547			
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: <i>[Signature]</i> DATE: 4/1/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	BENZ, DOUG		
STREET ADDRESS	313 SOUTH AVENUE		
CITY - ST - ZIP	FT WALTON BEACH, FL 32547		
TITLE	VP	☐ Delete	
NAME	CANNON, JOHN		
STREET ADDRESS	313 SOUTH AVENUE		
CITY - ST - ZIP	FT WALTON BEACH, FL 32547		
TITLE	S	☐ Delete	
NAME	BENZ, RITA		
STREET ADDRESS	313 SOUTH AVENUE		
CITY - ST - ZIP	FT WALTON BEACH, FL 32547		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
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)(f), 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: <i>[Signature]</i> DOUG BENZ		4-2-05 850-499-9313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	