


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90042 002 ***158.75

DOCUMENT # P04000138733
 1. Entity Name
C & S COIN LAUNDRY, INC.



Principal Place of Business: **3124 FLAGLER AVENUE KEY WEST FL 33040**
 Mailing Address: **3124 FLAGLER AVENUE KEY WEST FL 33040**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **PO Box 111**
 Suite, Apt. #, etc.

City & State: **Key West, FL**

Zip: **33041-0111** Country: **Monroe**



1st MOORE CR2E034 (10/04)

4. FEI Number: **562483244**
 Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FARRELLY, GREGORY G
506 LOUISA STREET
KEY WEST FL 33040

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PSTD	<input type="checkbox"/> Delete
NAME: BERG, CHRISTINE A	
STREET ADDRESS: 3124 FLAGLER AVENUE	
CITY-ST-ZIP: KEY WEST FL 33040	
TITLE: V	<input checked="" type="checkbox"/> Delete
NAME: LAWTON, STEPHEN	
STREET ADDRESS: 3124 FLAGLER AVENUE	
CITY-ST-ZIP: KEY WEST FL 33040	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Christine A Berg **Christine A Berg President** ¹²⁵⁰⁵ _{305 9233136}