


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # P04000170760	
1. Entity Name LAUNDRY AT HILLSIDE CENTER INC	

Principal Place of Business 2673 E SILVER SPRINGS BLVD OCALA, FL 34470 US	Mailing Address 8245 SE 176 LAWSON LOOP THE VILLAGES, FL 32162 US
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02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2039343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  JABERG, DOREEN 8245 SE 176 LAWSON LOOP THE VILLAGES, FL 32162
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**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JABERG, DOREEN 8245 SE 176 LAWSON LOOP THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JABERG, RICHARD 8245 SE 176 LAWSON LOOP THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JABERG, DOREEN 8245 SE 176 LAWSON LOOP THE VILLAGES, FL 32162
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U00000529115  
05/05/06-80064-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Doreen Jaberger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 352259-6979  
Date Daytime Phone #