

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-17-2006 90381 046 ***150.00

DOCUMENT # P05000061104 1. Entity Name MIMINE'S COIN LAUNDRY COMPANY					
Principal Place of Business 1824-2 W BEAVER ST JACKSONVILLE, FL 32209			Mailing Address 1824-2 W BEAVER ST JACKSONVILLE, FL 32209		
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-2832778</div>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FRANCE, MICHEL 1824-2 W BEAVER ST JACKSONVILLE, FL 32209			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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT		<input type="checkbox"/> Delete		
NAME	FRANCE, MICHEL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	% 1824-2 W BEAVER ST				
CITY-ST-ZIP	JACKSONVILLE, FL 32209				
TITLE	VS		<input type="checkbox"/> Delete		
NAME	JUSTE, LYDA		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	% 1824-2 W BEAVER ST				
CITY-ST-ZIP	JACKSONVILLE, FL 32209				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
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CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Michel France</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <u>4/14/06</u> Daytime Phone # _____					

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