
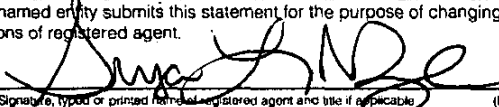
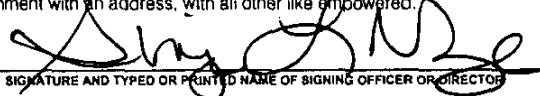


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90171 045 \*\*\*150.00

<b>DOCUMENT # P05000077724</b>					
1. Entity Name <b>ELLENTON LAUNDRAMAT, INC.</b>					
Principal Place of Business <b>4800 BENCHMARK CT. SARASOTA, FL 34238</b>			Mailing Address <b>4800 BENCHMARK CT. SARASOTA, FL 34238</b>		
2. Principal Place of Business <b>1501 Bern Creek loop</b>		3. Mailing Address <b>1501 Bern Creek loop</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>		4. FEI Number <b>20-2558682</b>	
Zip <b>34240</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NYE, SONJA L 4800 BENCHMARK CT. SARASOTA, FL 34238</b>		7. Name and Address of New Registered Agent Name <b>NYE, SONJA L</b> Street Address (P.O. Box Number is Not Acceptable) <b>1501 Bern Creek Loop</b> City <b>Sarasota</b> FL Zip Code <b>34240</b>			
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	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NYE, BRUCE R</b>	NAME	<b>NYE, BRUCE R</b>		
STREET ADDRESS	<b>4800 BENCHMARK CT.</b>	STREET ADDRESS	<b>1501 Bern Creek Loop</b>		
CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>	CITY-ST-ZIP	<b>Sarasota FL 34240</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NYE, SONJA L</b>	NAME	<b>Nye, Sonja L</b>		
STREET ADDRESS	<b>4800 BENCHMARK CT.</b>	STREET ADDRESS	<b>1501 Bern Creek Loop</b>		
CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>	CITY-ST-ZIP	<b>Sarasota FL 34240</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NYE, PAUL F</b>	NAME	<b>4435 N. DIAMOND C</b>		
STREET ADDRESS	<b>4513 N. DIAMOND CIRCLE</b>	STREET ADDRESS	<b>Sarasota FL 34233</b>		
CITY-ST-ZIP	<b>SARASOTA, FL 34322</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		Date: <b>4-26-06</b>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					