

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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



**DOCUMENT # P05000077724**  
 1. Entity Name  
**ELLENTON LAUNDRAMAT, INC.**

Principal Place of Business  
**4800 BENCHMARK CT.  
 SARASOTA, FL 34238**

Mailing Address  
**4800 BENCHMARK CT.  
 SARASOTA, FL 34238**

2. Principal Place of Business  
**1501 Bern Creek loop**

3. Mailing Address  
**1501 Bern Creek loop**

Suite, Apt. #, etc.

City & State  
**Sarasota FL**

City & State  
**Sarasota FL**

Zip  
**34240** Country  
**US**

Zip  
**34240** Country  
**US**

04202006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2558682**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**NYE, SONJA L  
 4800 BENCHMARK CT.  
 SARASOTA, FL 34238**

7. Name and Address of New Registered Agent  
 Name  
**NYE, SONJA L**

Street Address (P.O. Box Number is Not Acceptable)  
**1501 Bern Creek Loop**

City  
**Sarasota FL** Zip Code  
**34240**

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	D	<input type="checkbox"/> Delete
NAME	NYE, BRUCE R	
STREET ADDRESS	4800 BENCHMARK CT.	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	NYE, SONJA L	
STREET ADDRESS	4800 BENCHMARK CT.	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	NYE, PAUL F	
STREET ADDRESS	4513 N. DIAMOND CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34322	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYE, BRUCE R	
STREET ADDRESS	1501 Bern Creek Loop	
CITY-ST-ZIP	Sarasota FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nye, Sonja L	
STREET ADDRESS	1501 Bern Creek Loop	
CITY-ST-ZIP	Sarasota FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4435 N. DIAMOND C	
STREET ADDRESS	Sarasota FL 34233	
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 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: **4-26-06** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR