
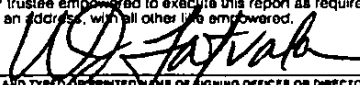


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5. **FILED**
Jun 13, 2006 8:00 am
Secretary of State

05-01-2006 90402 001 ***150.00

DOCUMENT # P05000166793			
1. Entity Name NEPTUNE COIN LAUNDRY, INC.			
Principal Place of Business 8038 OLD COUNTY ROAD 54 NEW PORT RICHEY, FL 34653		Mailing Address 8038 OLD COUNTY ROAD 54 NEW PORT RICHEY, FL 34653	
2. Principal Place of Business <i>3906 U.S. HIGHWAY 98 W.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>SUITE 1</i>		Suite, Apt. #, etc.	
City & State <i>SANTA ROSA BEACH, FL</i>		City & State	
Zip <i>32459</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent LATVALA, WOODROW J 8038 OLD COUNTY ROAD 54 NEW PORT RICHEY, FL 34653		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	D LATVALA, WOODROW J. 8038 OLD COUNTY ROAD 54 NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATVALA, MICHAEL W 2405 ALLISON AVE APT B PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lists empowered.			
SIGNATURE: 		Date: <i>4/27/06</i> Daytime Phone #: <i>777-376-6880</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



04252006 Chg-P CR2E034 (11/05)

4. FEI Number *20-4023028* Applied For Not Applicable

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