


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90067 041 ***150.00

DOCUMENT # P05000166793			
1. Entity Name NEPTUNE COIN LAUNDRY, INC.			
Principal Place of Business 3906 US HWY 98 W STE 1 SANTA ROSA BEACH, FL 32459		Mailing Address 8038 OLD COUNTY ROAD 54 NEW PORT RICHEY, FL 34653	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2050 Tall Pines Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite A	
City & State		City & State Largo, FL	
Zip	Country	Zip	Country
		33771	USA

40055100



03072007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4023028 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LATVALA, WOODROW J 8038 OLD COUNTY ROAD 54 NEW PORT RICHEY, FL 34653		Name Street Address (P.O. Box Number is Not Acceptable) City	
2050 TALL PINES DR. SUITE A LARGO, FL 33771		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2050 TALL PINES DRIVE, SUITE A LARGO, FL 33771
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
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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 empowerments.

SIGNATURE: WJ Latvala Date: 4/24/07 Daytime Phone #: 727 545-9566