
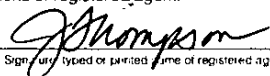



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90441 049 ***150.00

DOCUMENT # P06000062443					
1. Entity Name THOMPSON LAUNDRIES, INC.					
Principal Place of Business 3617 CROWN POINT ROAD SUITE # 10 JACKSONVILLE, FL 32257 US			Mailing Address P O BOX 57487 JACKSONVILLE, FL 32241 US		
2. Principal Place of Business - No P.O. Box # 1617 UNIVERSITY BLVD W.		3. Mailing Address 2447 RIPPLE CREEK LN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State ORANGE PARK, FL		4. FEI Number 20-4857003	
Zip 32217		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, MEREDITH A 3617 CROWN POINT ROAD SUITE # 10 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name JACQUELINE P. THOMPSON Street Address (P.O. Box Number is Not Acceptable) 2447 RIPPLE CREEK LN City ORANGE PARK FL Zip Code 32003			
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  4-26-07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input type="checkbox"/> Delete THOMPSON, RICHARD M 3617 CROWN PT RD # 10 JACKSONVILLE, FL 32257				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/T <input type="checkbox"/> Delete THOMPSON, JACQUELINE P 3617 CROWN PT RD # 10 JACKSONVILLE, FL 32257				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 like empowered.					
SIGNATURE:  4-26-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/ mo/ Phone #</small>					