


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90030 037 \*\*\*158.75

<b>DOCUMENT # P07000118419</b>	
1. Entity Name J & S COIN OPERATED LAUNDRY, INC.	

Principal Place of Business 3905 75TH DR. EAST SARASOTA, FL 34243	Mailing Address 3905 75TH DR. EAST SARASOTA, FL 34243
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60045464



2. Principal Place of Business - No P.O. Box # 2006 405th Ct. E.	3. Mailing Address 2006 405th Ct. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07252008 Chg-P CR2E034 (12/06)

City & State Myakka City, FL	City & State Myakka City, FL
Zip 34251	Zip 34251
Country USA	Country USA

4. FEI Number 26-1314609	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  JACKSON, ALFREDA 3905 75TH DR. EAST SARASOTA, FL 34243	
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7. Name and Address of New Registered Agent Name JACKSON, ALFREDA Street Address (P.O. Box Number is Not Acceptable) 2006 405th Ct. East City Myakka City FL Zip Code 34251	
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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 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ALFREDA <input type="checkbox"/> Delete 3905 75TH DR. EAST SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, BOOKER <input type="checkbox"/> Delete 3905 75TH DR. EAST SARASOTA, FL 34243
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	D JACKSON, ALFREDA <input type="checkbox"/> Change <input type="checkbox"/> Addition 2006 405th Ct. East Myakka City, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, BOOKER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2006 405th Ct. East Myakka City, FL 34251
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:** Alfreda Jackson July 24, 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #