

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90202 040 \*\*\*150.00

**DOCUMENT # P92000010574**

1. Entity Name  
**LAUNDROMAT ENTERPRISES INC.**



Principal Place of Business  
**4306 S DALE MABRY HWY  
TAMPA, FL 33611 US**

Mailing Address  
**PO BOX 1617  
BRANDON, FL 33509-1617 US**

2. Principal Place of Business  
**1902 E. FLETCHER AVE.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc. **SAME**

City & State  
**TAMPA**

City & State

Zip  
**33612**

Country  
**HILSBORO**

Zip

Country

01312005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3152834**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAREN L. PAGE  
4306 S DALE MABRY HWY  
TAMPA, FL 33611**

7. Name and Address of New Registered Agent

Name **KAREN L. PAGE**

Street Address (P.O. Box Number is Not Acceptable)

**1902 E. FLETCHER AVE.**

City **TAMPA**

**FL**

Zip Code  
**33612**

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

*Karen Page*

(NOTE: Registered Agent signature required when reinstating)

**4/27/05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME **C PAGE, ROGER** ☐ Delete  
STREET ADDRESS **4306 S DALE MABRY HWY**  
CITY-ST-ZIP **TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **ROGER PAGE** ☒ Change ☐ Addition  
STREET ADDRESS **1902 E. FLETCHER AVE**  
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*R. J. Page Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 27, 05**  
Date

Daytime Phone #