

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000013390

Entity Name: ALL-JAX LINEN SERVICE, INC.

FILED
Jun 13, 2005
Secretary of State

Current Principal Place of Business:

1905 WALNUT ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1905 WALNUT ST.
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3364466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAINES, J.H.
1905 WALNUT ST.
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAINES, J.H.
Address: 1905 WALNUT ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: T () Delete
Name: RAINES, K.A.
Address: 3126 STADJUM DR.
City-St-Zip: TALL, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/S () Change (X) Addition
Name: RAINES, JANET V
Address: 1905 WALNUT STREET
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. RAINES

PRES

06/13/2005

Electronic Signature of Signing Officer or Director

Date