

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 23, 2004 08:00 AM  
Secretary of State

DOCUMENT # P93000068024

1. Entity Name

KOIN KLEEN LAUNDROMAT, INC.



Principal Place of Business

601 SOUTHWEST 10TH STREET  
OCALA, FL 34474

Mailing Address

601 SOUTHWEST 10TH STREET  
OCALA, FL 34474



03122004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3203679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FONGEMIE, RUTH  
1651 WEST PINE HILL DRIVE  
BEVERLY HILLS, FL 34464

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000094592  
03/23/04-80002-019 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
FONGEMIE, RUTH  
1651 WEST PINE HILL DRIVE  
BEVERLY HILLS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
FONGEMIE, NELSON  
165 L W. PINE HILL DR  
BEVERLY HILLS, FL 34464

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #