


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90081 022 ***150.00

DOCUMENT # P94000047142 1. Entity Name ALLIED LAUNDRY SYSTEMS, INC.			
Principal Place of Business 1610 TENNESSEE AVE LYNN HAVEN, FL 32444 US		Mailing Address 1610 TENNESSEE AVE LYNN HAVEN, FL 32444 US	
2. Principal Place of Business - No P.O. Box # 1701 Tennessee Avenue Suite, Apt. #, etc. Suite 200 City & State Lynn Haven, FL Zip 32444 Country		3. Mailing Address 1701 Tennessee Ave Suite, Apt. #, etc. Suite 200 City & State Lynn Haven, FL Zip 32444 Country	
4. FEI Number 59-3258453		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TILLMAN, JEFFREY 1610 TENNESSEE AVE LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1701 Tennessee Ave Suite 200 City Lynn Haven FL Zip Code 32444	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TILLMAN, JEFFREY A 1610 TENNESSEE AVE LYNN HAVEN, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP 1701 Tennessee Ave Suite 200 Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TILLMAN, REBECCA A 1610 TENNESSEE AVE LYNN HAVEN, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP 1701 Tennessee Ave Suite 200 Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>Becky Tillman</u>		4-24-07 850-265-1158	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	