

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000082077

1. Entity Name
COLONIAL LAUNDRY & DRY CLEANING, INC.



FILED

11 APR 25 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1215 12TH AVE SOUTH
LAKE WORTH, FL 33462

Mailing Address
856 WYNNWOOD CIRCLE
LANTANA, FL 33462

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03162011 Chg-P CR2E034 (11/08)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0616037

Applied For
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SZLAUDERBACH, LYNN
1215 12TH AVE. S.
LAKE WORTH, FL 33460

Name

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

City

FL

Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2011 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
STREET ADDRESS
CITY - ST - ZIP

D
SZLAUDERBACH, LYNN
856 WYNNWOOD CIRCLE
LANTANA, FL 33462

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

400204238404
04/25/11--01053--010 **150.00

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B 4/25/11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN SZLAUDERBACH

4-23-11 561-585-5027

Date

Displaying Phone #