
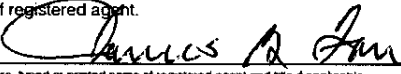



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90004 041 \*\*\*150.00

<b>DOCUMENT # P95000096727</b> 1. Entity Name WHOLESALE COMMERCIAL LAUNDRY EQUIPMENT, INC.					
Principal Place of Business 3085 BRIDGE POINT RD. SOUTHSIDE, AL 35907 US			Mailing Address 3085 BRIDGE POINT RD. KEY HAVEN SOUTHSIDE, AL 35907 US		
2. Principal Place of Business		3. Mailing Address 3085 Bridgepoint Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Southside, AL			
Zip	Country	Zip 35907	Country USA	4. FEI Number 65-0629943	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DENNIS M HARKER, PRES 28 FLORAL AVE KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name James Farr Street Address (P.O. Box Number is Not Acceptable) 1502 W. Fletcher Ave. Ste 101 City Tampa, FL 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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 HARKER, DENNIS M 3085 BRIDGE POINT RD. SOUTHSIDE, AL 35907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARKER, DEBRA L 3085 BRIDGE POINT RD. SOUTHSIDE, AL 35907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date 2-10-04		Daytime Phone # 250-413-7423