

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029107

FILED  
Apr 14, 2004  
Secretary of State

**Entity Name:** AUTOMATED LAUNDRY SYSTEMS, INC.

**Current Principal Place of Business:**

8282 WESTERN WAY CIRCLE  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

8282 WESTERN WAY CIRCLE  
SUITE A4  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:**

8282 WESTERN WAY CIRCLE  
STE 1150  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

8282 WESTERN WAY CIRCLE  
STE A4  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-3373421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OBLAS, GAIL  
8888 BELLE RIVE BLVD  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

OBLAS, GAIL M  
8888 BELLE RIVE BLVD  
JACKSONVILLE, FL 32256 US

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: GAIL M OBLAS

04/14/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: OBLAS, GAIL  
Address: 8888 BELLE RIVE BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: OBLAS, GAIL M  
Address: 8888 BELLE RIVE BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

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: GAIL M OBLAS

PRES

04/14/2004

Electronic Signature of Signing Officer or Director

Date