

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055135

Entity Name: WILLIAMS LAUNDROMAT INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

403 E KENNEDY BLVD.
EATONVILLE, FL 32751

New Principal Place of Business:

Current Mailing Address:

6937 MINIPPI DR.
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3403594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ARIS
6937 MINIPPI DR.
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

WILLIAMS, HOLLY
6937 MINIPPI DR.
ORLANDO, FL 32818 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: HOLLY WILLIAMS

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, ARIS
Address: 6937 MINIPPI DR.
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Delete
Name: WILLIAMS, HOLLY
Address: 6937 MINIPPI DR.
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, HOLLY
Address: 6937 MINIPPI DR.
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HOLLY WILLIAMS

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date