

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000064490

1. Entity Name
MOWRY COIN LAUNDRY, INC.



Principal Place of Business
**196 W. MOWRY DRIVE
HOMESTEAD, FL 33030**

Mailing Address
**196 W. MOWRY DRIVE
HOMESTEAD, FL 33030**

FILED
Feb 19, 2008 08:00 AM
Secretary of State



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0706986	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**HOLLAND, BETTE J
1500 L. JEFFERSON DRIVE
HOMESTEAD, FL 33034**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLLAND, BETTE J
STREET ADDRESS	1500 L. JEFFERSON DRIVE
CITY-ST-ZIP	HOMESTEAD, FL 33034

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02/27/08-80083-022 150.00

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IN THIS SPACE**

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: Bette J Holland Bette J Holland 2/6/08 305-242-0207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #