2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

SIGNATURE: 1

Mar 12, 2004 8:00 am DOCUMENT # P96000085806 **Secretary of State** 1. Entity Name 03-12-2004 90014 005 ***150.00 THE LAUNDRY LIST, INC. Principal Place of Business Mailing Address 2616 ROYAL OAKS DR TALLAHASSEE FL 32309 2616 ROYAL OAKS DR TALLAHASSEE FL 32309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State 4. FEI Number City & State Applied For 59-3412694 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TADLOCK, REBECCA F Street Address (P.O. Box Number is Not Acceptable) 2616 ROYAL OAKS DR TALLAHASSEE FL 32309 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME TADLOCK, REBECCA F NAME STREET ADDRESS 2616 ROYAL OAKS DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TADLOCK, RONALD W NAME 2616 ROYAL OAKS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32309 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIPLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 repeiver 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

R OR DIRECTOR

FILED