2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 06, 2006 08:00 AM DOCUMENT # P97000019840 **Secretary of State** 1. Entity Name TITUS LAUNDRY SERVICES, INC. Principal Place of Business Mailing Address 2220 J&C BLVD 2220 J&C BLVD NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CRZE034 (10/05) City & State City & State 4. FEI Number Applied For 59-3434936 Not Applicable Country Zip 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 Name TITUS, ROBERT P Street Address (P.O. Box Number is Not Acceptable) 2220 J&C BLVD NAPLES FL 34109 Z<sub>i</sub>p Code 3. 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 pristed neine of registered agent and life it applicable (NOTE Registered Agent signature required when revisitating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILL Delete TITLE ☐ Change ☐ Addition NAME TITUS, ROBERT P JR NAME 100000045588S STREET ADDRESS 2220 J&C BLVD STREET ADDRESS 03/16/06 80007-005 158.75 CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-218 uu☐ Delete Change Addition NAME NAME STREET ADDRESS STRULT ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Delete HILE Change 117) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP Cary-SI-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ABORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete 3331 5 Change Addition 🔲 NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes 1 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 eath, 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:

Robert THUSTE

3/1106

(239)643-0300

FILED