2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2008 8:00 am Secretary of State **DOCUMENT # P98000007238** 1. Entity Name 03-18-2008 90007 043 ***150 00 KOIN KLEEN COIN LAUNDRY OF FLORIDA, INC. Principal Place of Business Mailing Address 237 CHESTNUT RIDGE ST. 237 CHESTNUT RIDGE ST. 40047607 WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 Principal Place of Business - No P.O. Box # 845 DYS6N DKIVE Malling Address 845 DYSON DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02252008 Chg-P CR2E034 (12/06) City & State WINTER SPRINGS City & State 4. FEI Number Applied For INTER SPRINGS FL. 59-3493271 Not Applicable 32708 \$8.75 Additional 5. Certificate of Status Desired ИSA USA Fee Required 7. Name and Address of New Registered Agent Name NICHOLS, BENJIE 237 CHESTNUT RIDGE ST Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS, FL. 32708 845 DYSON DRIVE CITY WINTER SPRINGS 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PVP Delete TITLE NICHOLS, BENDIE T Change Addition NAME NICHOLS, BENJIE T NAME 845 DYSON DRIVE 237 CHESTNUT RIDGE ST. STREET ADDRESS STREET ADORESS WINTER SPKINGS, FL 32708 WINTER SPRINGS, FL 32708 CITY-ST-ZIP NICHOLS, DONNA L Detete TITLE TITLE ☐ Addition NICHOLS, DONNA L 845 DYSON DRIVE NAME NAME STREET ADDRESS 237 CHESTNUT RIDGE ST. STREET ADDRESS WINTER SPRINGS, FL. CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP TITLE ☐ Delete TELLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete **TILE** ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ 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 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. BENTIET. NICHOLS

FILED

Daytime Phone #