## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 07, 2005 08:00 AM Secretary of State DOCUMENT # P98000071216 LAUNDRY VENDING ASSOCIATES, INC. Principal Place of Business Mailing Address 2216 64TH STREET COURT EAST 2216 64TH STREET COURT EAST BRADENTON, FL 34208 BRADENTON, FL 34208 06282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0861111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HARDEE, SAM F 2216 64TH STREET COURT EAST BRADENTON, FL 34208 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DP VAN GORDER, JERRY NAME STREET ADDRESS 2930 29TH AVENUE WEST CITY - ST - ZIP BRADENTON, FL 34209 000000371115 07/07/05-80003-021 550.00 SDV TITLE HARDEE, SAM F NAME STREET ADDRESS 2216 64TH STREET COURT EAST CITY-ST-ZIP BRADENTON, FL 34208 TITLE VAN GORDER, SHARON NAME 2930 29TH AVENUE WEST STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BRADENTON, FL 34209 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; an id that my name appears in Block 10 or Block 11 changed, or on an attantment with an address, with all other like empowered. if made under cath; that I am an officer or director d that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Am f. Idardee RINTED NAME OF SIGNING OFFICER OR DIRECTOR

0605

**FILED** 

Date Daytime Phone #