

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000050150

1. Entity Name
F. E. DRISKILLS' COIN LAUNDRIES, INC.



Principal Place of Business
1023 W. PARNELL STREET
KISSIMMEE, FL 34741

Mailing Address
1023 W. PARNELL STREET
KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE



05192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3584725

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRISKILL, FREDRICK E III
10 PENNSYLVANIA AVENUE
ST. CLOUD, FL 34769-2377

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DRISKILL, FREDRICK E III
10 PENNSYLVANIA AVENUE
ST. CLOUD, FL 347692377

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HEADLEE, JUDY
5500 S.E. 42ND COURT
OCALA, FL 34480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900037045919
05/24/04--01079--022 **550.00

**DO NOT WRITE
IN THIS SPACE**

*km
5/21*

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 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:

Judy H. Headlee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary
Date

352-732-9223
Daytime Phone #