


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90048 004 ***150.00

DOCUMENT # P99000062914		
1. Entity Name DOWNTOWN LAUNDRY, INC.		
Principal Place of Business 418 CENTRAL AVENUE SARASOTA FL 34236		Mailing Address 418 CENTRAL AVENUE SARASOTA FL 34236
2. Principal Place of Business 1659 10TH ST SARASOTA	3. Mailing Address 1659 10TH ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State SARASOTA, FL	City & State SARASOTA, FL	
Zip 34236	Country SARASOTA	Zip 34236
Country SARASOTA		

94058997



MOORE CR2E034 (11/03)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNELL, EDWARD A 1717 OAK STREET SARASOTA FL 34236			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS BURNELL, EDWARD A 1717 OAK STREET SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: EDWARD A BURNELL *Edward A Burnell* **4-16-04** **941-953-4603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #