2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90398 027 ***158.75

DOCUMENT # V06403

1. Entity Name
KOOPMAN'S HYGIENE, INC.

Principal Place of Business	Mailing Address
1226 S. MAIN STREET GAINESVILLE, FL 32601	1226 S MAIN ST GAINESVILLE, FL 32601 US

01192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4526-E Moore Cir	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State
Zip: 32304 Country: USA	Zip Country

4. FEI Number: 65-0313295 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANTEL, PETER 1226 S MAIN ST GAINESVILLE, FL 32601	Name: BIERLING, TOD Street Address (P.O. Box Number is Not Acceptable): 3139 LAYLA St. City: Tallahassee FL Zip: 32303

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] DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 (I) (II)	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP S, D BIERLING, JOYCE 8502 BANNERMAN BLUFF RD TALLAHASSEE, FL 32312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S, D Bierling, Joyce ~~8502 Bann~~ 21 Traynor Ct. Crawfordville, FL 32327 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BIERLING, FRANK 8502 BANNERMAN BLUFF DR TALLAHASSEE, FL 32312 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MANTEL, AMY 2120 NW 57TH TERRACE GAINESVILLE, FL 32605 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETER MANTEL 2120 NW 57TH TERRACE GAINESVILLE, FL 32605 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PD/TD BIERLING, TOD 3139 LAYLA TALLAHASSEE, FL 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD/TD TOD BIERLING 3139 LAYLA St. Tallahassee, FL 32303 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number