

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90336 050 ***150.00



DOCUMENT # P02000002433

1. Entity Name
K & S CLEANERS, INC.

Principal Place of Business Mailing Address
4100 BELFORT RD. **4100 BELFORT RD.**
STE 5 **STE 5**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
01-0572728 Not Applicable

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

6. Name and Address of Current Registered Agent
MILLSAPS, WALTER S ESQ
200 E. FORSYTH ST.
JACKSONVILLE FL 32202

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TOMA, KARAM A	
STREET ADDRESS	3875 SAN PABLO RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUSIF, SHANAY SHAHLA	
STREET ADDRESS	3875 SAN PABLO RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OSSI, RAMZI T	
STREET ADDRESS	1007-2ND STREET	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OSSI, EDWARD J	
STREET ADDRESS	10070 GOLF CLUB DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMA, KARAM A.	
STREET ADDRESS	3875 SAN PABLO RD. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUSIF, SHALA Y.	
STREET ADDRESS	3875 SAN PABLO RD. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: _____ Date: **03-30-06** Daytime Phone #: **9042810064**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR