

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000056571

1. Entity Name
 TOWER SQUARE DRY CLEANERS, INC.



Principal Place of Business
 5737 SW 75TH ST.
 GAINESVILLE, FL 32608-5504 US

Mailing Address
 5737 SW 75TH ST.
 GAINESVILLE, FL 32608-5504 US



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3588272

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALMEIDA, MARIA I
 5737 SW 75TH ST.
 GAINESVILLE, FL 32608-5504

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 _____ 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

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

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: ALMEIDA, MARIA I
 STREET ADDRESS: 5737 SW 75TH ST.
 CITY-ST-ZIP: GAINESVILLE, FL 326085504

TITLE: VPS
 NAME: ALMEIDA, JOSE P
 STREET ADDRESS: 5737 SW 75TH ST
 CITY-ST-ZIP: GAINESVILLE, FL 326085504

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 01/20/06-80035-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Maria Almeida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 352 377-0865
Date Daytime Phone #