

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 155175 1. Entity Name LONG'S DRY CLEANERS, INC.	
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FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business 10 W CENTRAL AVE LAKE WALES, FL 33853	Mailing Address 10 W CENTRAL AVE LAKE WALES, FL 33853
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07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0592073	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BROW, JAMES F.
 707 E OSCEOLA AVE.
 LAKE WALES, FL 33853**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	PVDT
NAME	BROW, JAMES F
STREET ADDRESS	707 E OSCEOLA AVENUE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	V
NAME	BROW, JON T
STREET ADDRESS	714 E OSCEOLA AVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	S
NAME	BROW, JON T
STREET ADDRESS	714 E OSCEOLA AVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
 IN THIS SPACE

U00000956495
 07/28/08-80005-006 158.75

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: James F. Brow 7/24/08 (863) 676-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #