2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 20, 2005 8:00 am Secretary of State **DOCUMENT #235170** 04-20-2005 90356 013 ***150.00 1. Entity Name QUICK-CLEANERS INC Principal Place of Business Mailing Address 5004102R 740 PALMER AVE. 740 PALMER AVE. WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022005 CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 59-0899644 Not Applicable \$8.75 Additional Country ,Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUCKER, JR., J. WALTER: -Street Address (P.O. Box Number is Not Acceptable) 740 PALMER AVE. WINTER PARK, FL 32789 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ■ Addition DPC Defete TITLE TITLE TUCKER, JW NAME NAME STREET ADDRESS STREET ADDRESS 740 PALMER AVE CITY-ST-ZIP WINTER PARK, FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TUCKER, JOHN W III NAME NAME STREET ADDRESS STREET ADDRESS 1020 KEYES AVE CITY-ST-ZIP WINTER PARK, FL 32789 City-St-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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

FILED