

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G93417

Entity Name: G.L.S. CLEANERS, INC.

FILED
May 13, 2008
Secretary of State

Current Principal Place of Business:

9875 BEACH BLVD.
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

14041 TOMAKA RD
JACKSONVILLE, FL 32225 US

Current Mailing Address:

9875 BEACH BLVD.
JACKSONVILLE, FL 32246 US

New Mailing Address:

14041 TOMAKA RD
JACKSONVILLE, FL 32225 US

FEI Number: 59-2385835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAOLUCCI, LEANNE M
9875 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

PAOLUCCI, LEANNE M
14041 TOMAKA RD
JACKSONVILLE, FL 32225 US

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.

SIGNATURE:

05/13/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAOLUCCI, LEANNE M
Address: 9875 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: DS () Delete
Name: PAOLUCCI, SUMMER,
Address: 9875 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PAOLUCCI, LEANNE M
Address: 14041 TOMAKA RD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DS (X) Change () Addition
Name: PAOLUCCI, SUMMER,
Address: 14041 TOMAKA RD
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANNE PAOLUCCI

D

05/13/2008

Electronic Signature of Signing Officer or Director

Date