2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 21, 2005 08:00 AM DOCUMENT # H66782 **Secretary of State** 1. Entity Name NAPLES NORTH CLEANERS, INC. Principal Place of Business Mailing Address 5075 9 ST NORTH 842 6 AVENUE SOUTH NAPLES FL 34102 US NAPLES FL 33940 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FE! Number Applied For 59-2562506 Not Applicab! Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FYKE, JERRY 842 SIXTH AVENUE, SOUTH Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34102 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be 图经 中海市公司公司 网络拉格拉斯 计特 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN LI 10, 11. HIEF ☐ Delete Change HDF Addition FYKE, JERRY NAME NAME STREET ADDRESS 842 SIXTH AVENUE, SOUTH STREET ADDRESS CITY-ST-7IP NAPLES FL CITY-SI-ZIF ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-71F U00000188961 — Change Oli/24/05-80074-025 Chang TITLE ☐ Delete TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7P TOTLE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIE CITA-21-51b TITLE Delete HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST- ZIP THE ☐ Delete HILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City SI-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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.

FILED