

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # H76792

1. Entity Name
QUALITY CLEANERS OF GAINESVILLE, II, INC.



Principal Place of Business
**1240 NW 76TH BLVD
GAINESVILLE, FL 32606 US**

Mailing Address
**11 N.E. 23RD AVE
GAINESVILLE, FL 32609 US**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2644674** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREG JOHNSON
QUALITY CLEANERS
11 NE 23RD AVE
GAINESVILLE, FL 32609**

**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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **TURNER, RICHARD W.**
STREET ADDRESS **755 NW 135TH ST.**
CITY- ST- ZIP **GAINESVILLE, FL**

TITLE **DV**
NAME **JOHNSON, GREGORY**
STREET ADDRESS **5437 NW 46TH TERR.**
CITY- ST- ZIP **GAINESVILLE, FL**

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100000390506
01/24/06-80001-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Greg Johnson (GREG JOHNSON) 1-17-06 352-379-5600