

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 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**

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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000000715895
04/27/07-80074-024 150.00

**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
1/18/07

352-379-5600