2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K00822

1. Entity Name
MIRACLE LAUNDRY AND DRY CLEANERS, INC.

Principal Place of Business	Mailing Address
370 E. HWY. 90	370 E. HWY 90
DEFUNIAK SPRINGS, FL 32433-0062	DEFUNIAK SPRINGS, FL 32433 US

DO NOT WRITE IN THIS SPACE

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04042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2571040	Not Applicable

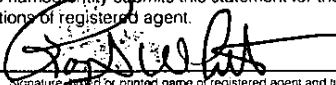5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, ROGER
370 E HWY 90
DEFUNIAK SPRINGS, FL 32433

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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 _Roger D. White_   *Roger D. White*   4-5-05

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, 2005 Fee will be $550.00

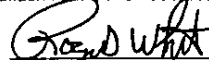9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	WHITE, JOHN
STREET ADDRESS	RT. 6, BOX 479
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL
TITLE	D
NAME	WHITE, GLADYS
STREET ADDRESS	RT 6, BOX 479
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL
TITLE	D
NAME	WHITE, ROGER
STREET ADDRESS	~~RT. 2 BOX 224 A~~ 2675 C-81-A
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	D
NAME	WHITE, DIANNE
STREET ADDRESS	~~RT. 2 BOX 224 A~~ 2675 C-81-A
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _Roger D. White_ / *Roger D. White Pres.* 4-5-05 (850) 892-3715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #