

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-05-2004 90056 023 ****50.00
04-19-2004 90418 010 ***100.00

DOCUMENT # K01683 1. Entity Name LIDO CLEANERS, INC.	
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Principal Place of Business 246 ISLAND CIRCLE SARASOTA, FL 34242	Mailing Address 246 ISLAND CIRCLE SARASOTA, FL 34242
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04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2858183	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HRIC, MICHAEL 2801 FRUITVILLE ROAD SUITE 250 SARASOTA, FL 34237

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.

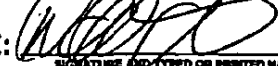
SIGNATURE _____ Signature, typed or printed name of registered agent and this if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MILLER, JACK 2214 N WASHINGTON BLVD. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, DANIEL DOYLE 2214 N WASHINGTON BLVD. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, GEORGE GUY 2214 N WASHINGTON BLVD. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	4-2-04 (941) 349-7442
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)	Date Daytime Phone