

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K54613

1. Entity Name
CUSTOM CARE DRY CLEANING, INC.



Principal Place of Business

C/O ENOS E. KERR IV
2522 CAPITAL CIRCLE NE, UNIT #18
TALLAHASSEE, FL 32308

Mailing Address

C/O ENOS E. KERR IV
2522 CAPITAL CIRCLE NE, UNIT #18
TALLAHASSEE, FL 32308

FILED

10 SEP 15 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09142010 No Chg-P CR2E034 (11/08)

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4. FEI Number
59-2922632

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERR, ENOS E., IV
2522 CAPITAL CIRCLE, NE
UNIT #18
TALLAHASSEE, FL 32308

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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 \$550.00
Due by September 24, 2010

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
KERR, ENOS E., IV
2522 CAPITAL CIR. NE
TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP

000185460850
09/15/10--01024--008 **\$550.00

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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 #

9/16