2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 Al Secretary of State

1. Entity Name MCSHERRY DRY CLEANING, INC. Principal Place of Business 11612 N DALE MABRY HIGHWAY TAMPA, FL 33618 DO NOT WRITE IN THIS SPACE O4302008 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3021795	ANNUAL REPURI					Secretary of Sta			
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## SPACE A. FEI Number S. P. S.			· ·						
6. Name and Address of Current Registered Agent MCSHERRY, PATRICK J. 8504 HEYWARD RD TAMPA, FL 33635 8. The above named entry 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, the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10.	DO NOT WRITE IN THIS SPA			CE	4. FEI Numb	per		Applied For Not Applicable	
MCSHERRY, PATRICK J. 8504 HEYWARD RD TAMPA, FL 33635 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 tamiliar with, the obligations of registered agent. SIGNATURE Spature, hyped or prived name of registered agent and talk if applicable. FILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11ILE NAME NAME SIREEL ADDRESS CITY-SI-2P TAMPA, FL 33635 11ILE DVP TAMPA, FL 33635 11ILE DVP TAMPA, FL 33635 TITLE NAME SIREEL ADDRESS CITY-SI-2P TITLE NAME SIREEL ADDRESS CITY-SI-2P TAMPA, FL 33635				•	5. Certificate	e of Status Desired		. 75 Additional Required	
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, the obligations of registered agent. SIGNATURE Soprative, typed or printed name of registered agent and site of applicable. (NOTE, Registered Agent soprative required when resistance) PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS IIILE DP NAME SIREET ADDRESS CITY-ST-2P TAMPA, FL 33635 IIILE NAME SIREET ADDRESS CITY-ST-2P TAMPA, FL 33635 DO NOT WRITE IIILE NAME SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TAMPA, FL 33635		6. Name and Address of Current Re	gistered Agent	-	.1	,	,		
TILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS STREET ADDRESS CITY-S1-2P TAMPA, FL 33635 ITILE MCSHERRY, RAIZA SIREET ADDRESS CITY-S1-2P TILE STREET ADDRESS CITY-S1-2P TILE TILE MAKE STREET ADDRESS CITY-S1-2P TILE STREET ADDRESS CITY-S1-2P TILE TILE MCSHERRY, RAIZA STREET ADDRESS CITY-S1-2P TAMPA, FL 33635 TILE TILE MCSHERRY, RAIZA STREET ADDRESS CITY-S1-2P TAMPA, FL 33635 TILE TILE MCSHERRY, RAIZA STREET ADDRESS CITY-S1-2P TAMPA, FL 33635 TILE TILE STREET ADDRESS CITY-S1-2P TAMPA, FL 33635 TILE TILE STREET ADDRESS CITY-S1-2P TAMPA, FL 33635 TILE TILE STREET ADDRESS CITY-S1-2P TAMPA, FL 33635 TILE STREET ADDRESS CITY-S1-2P TILE STREET ADDRESS STREET ADDRESS CITY-S1-2P TILE STREET ADDRESS STREET ADDR	8504 HEYWARD RD					•			
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS IIILE DP MCSHERRY, PATRICK J. SIRET ADDRESS CITY-S1-2IP TAMPA, FL 33635 IIILE DVP MCSHERRY, RAIZA SIRET ADDRESS CITY-S1-2IP TAMPA, FL 33635 IIILE NAME SIRET ADDRESS CITY-S1-2IP TAMPA, FL 33635 IIILE NAME SIRET ADDRESS CITY-S1-2IP TAMPA, FL 33635 IIILE NAME SIRET ADDRESS CITY-S1-2IP		Signature, typed or printed name of registered agent and	Tutle d applicable. (NOTE, Register	red Agent signature required	d when reinstaling)		DATE		
IIILE DP									
MAME MCSHERRY, PATRICK J. STREET ADDRESS CITY-S1-ZIP TAMPA, FL 33635 IIILE DVP MMCSHERRY, RAIZA STREET ADDRESS CITY-S1-ZIP TAMPA, FL 33635 IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS			RECTORS	4					
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CITY-ST-ZIP	NAMÈ	·						-	
TITLE		,		_					

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

Daytime Phone #