

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90005 011 ***150.00

DOCUMENT # M84769

1. Entity Name
BRITE STAR CLEANERS, INC.



Principal Place of Business
**C/O WILLIAM SIMS, JR.
5751 N. MAIN ST., STE. 201
JACKSONVILLE, FL 32208-5329**

Mailing Address
**C/O WILLIAM SIMS, JR.
5751 N. MAIN ST., STE. 201
JACKSONVILLE, FL 32208-5329**

44022491



2. Principal Place of Business		3. Mailing Address		01232004 Chg-P CR2E034 (10/03)	
State, Apt. #, etc.		State, Apt. #, etc.		4. FEI Number 59-2895132	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent DOUD, CLINTON L 6620 SOUTHPPOINT DR NO STE 210 BOX 10 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____	
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIMS, JR. W 5034 CINANCY CT JACKSONVILLE, FL 32277	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMS, WILLIAM, JR. 5034 CINANCY CT JACKSONVILLE, FL 32277	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTP SIMS, MICHELLE 5034 CINANCY CT JACKSONVILLE, FL 32277	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an assignment with an address, with all other like empowered.

SIGNATURE: *Lavern Sims VP* *Lavern Sims VP* *1-31-04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR