

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 01, 2005 08:00 AM
Secretary of State

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



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2895132

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOUD, CLINTON L
6620 SOUTHPOINT DR NO
STE 210 BOX 10
JACKSONVILLE, FL 32216

**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 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 PD
NAME SIMS, JR. W
STREET ADDRESS 5034 CINANCY CT
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE D
NAME SIMS, WILLIAM, JR.
STREET ADDRESS 5034 CINANCY CT
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE VSTP
NAME SIMS, MICHELLE
STREET ADDRESS 5034 CINANCY CT
CITY-ST-ZIP JACKSONVILLE, FL 32277

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:

Michelle Sims Michelle Sims

2-26-05

904-356-9638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #