

2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/28/2006-90001-046-\$158.75-\$158.75

FILED

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005005			
1. Entity Name ONE PRICE DRYCLEANING OF JUPITER, INC.			
Principal Place of Business 2562 WEST INDIAN TOWN ROAD JUPITER, FL 33458		Mailing Address P.O. BOX 33294 PALM BEACH GARDENS, FL 33420	
2. Principal Place of Business 2562 W Indian Town Rd Suite, Apt. #, etc. #5		3. Mailing Address P.O. Box 33294 Suite, Apt. #, etc.	
City & State Jupiter FL		City & State P.B.G. FL	
Zip 33458 Country U.S.		Zip 33420 Country U.S.	
4. FEI Number 65-0973407		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRYCE, DENNIS M ESO 480 MAPLEWOOD DRIVE #5 JUPITER, FL 33458		7. Name and Address of New Registered Agent	
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 date of appointment. (NOTE: Registered Agent signature required when reappointing)		DATE	
FILE NOW!!! FEB IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP P VANIA, RAJ 2562 WEST INDIAN TOWN ROAD JUPITER, FL 33458 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP M VANIA, GOVINDRAM 2562 WEST INDIAN TOWN RD JUPITER, FL 33458 ☒ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP M VANIA SHANTA 2562 WEST INDIAN TOWN RD JUPITER, FL 33458 ☒ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
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.		B 10/12/06	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/3/06 Telephone Phone #	