

## **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000005746

Entity Name: ST. LUCIE CLEANERS, INC.

FILED  
Apr 30, 2005  
Secretary of State  
**VOID**

### **Current Principal Place of Business:**

904 S.W. ST. LUCIE WEST BLVD.  
PORT ST LUCIE, FL 34986

### **New Principal Place of Business:**

### **Current Mailing Address:**

2057 SW CAPEADOR ST  
PORT SAINT LUCIE, FL 34953

### **New Mailing Address:**

FEI Number: 65-0977853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

LABIANCA, DORETTA  
2057 SW CAPEADOR STREET  
PORT ST LUCIE, FL 34953 US

### **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: LABIANCA, DORETTA  
Address: 2057 SW CAPEADOR STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: PD ( ) Delete  
Name: LABIANCA, MIKE  
Address: 2057 SW CAPEADOR STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

**Duplicate on-line filing**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORETTA LABIANCA

VP

04/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date