

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000005746

Entity Name: ST. LUCIE CLEANERS, INC.

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**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 STREET  
PORT ST. 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: DORETTA LABIANCA

V.P.

04/27/2010

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

\_\_\_\_\_  
Date