

**2012 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000005746

1. Entity Name
ST. LUCIE CLEANERS, INC.



Principal Place of Business
**904 S.W. ST. LUCIE WEST BLVD.
PORT ST LUCIE, FL 34986**

Mailing Address
**2057 SW CAPEADOR ST
PORT SAINT LUCIE, FL 34953**

FILED
2012 MAY 15 AM 8:11
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0977853** Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

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

**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, 2012 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LABIANCA, DORETTA 2057 SW CAPEADOR STREET PORT ST LUCIE, FL 34953
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**DO NOT WRITE
IN THIS SPACE**

**MAY 15 2012
S. TONER**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-12 **772**
Date Daytime Phone # **3595755**