2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 08, 2007 08:00 AM **DOCUMENT # P00000044729 Secretary of State** PETERMAN FORMAL WEAR & DRY CLEANING INC. Principal Place of Business Mailing Address 3800 EDGEWATER DRIVE 3800 EDGEWATER DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3650018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PETERMAN, MICHAEL DO NOT WRITE 3804 EDGEWATER DRIVE ORLANDO, FL 32804 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 migrared when reinsteting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME PETERMAN, MICHAEL U00000577437 STREET ADDRESS 3800 EDGEWATER DRIVE 01/08/07-80015-025 150.00 CITY-ST-ZIP ORLANDO, FL 32804 TITLE PETERMAN, ROBERT NAME STREET ADDRESS 3800 EDGEWATER DRIVE CITY-ST-ZIP ORLANDO, FL 32804 TITS F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIT! F NAME

12. I hereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PERITED NAME OF SIGNANG OFFICER OR DIRECT

1/3/07

4075217678

Daytme Phone #

FILED