

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90011 033 ***150.00

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1. Entity Name

WINDOWS AND BLESSINGS DRY CLEANERS, INC.



Principal Place of Business

**327 EAST BAY STREET
JACKSONVILLE FL 32202**

Mailing Address

**327 EAST BAY STREET
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3692629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, JAMES W
3838 WINTON DRIVE
JACKSONVILLE FL 32208**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
THOMAS, JAMES W SR
10658 WIMBLEDON DR
JACKSONVILLE FL 32257**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SMITH, LOLA MAE
3838 WINTON DRIVE
JACKSONVILLE FL 32208**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SMITH, KING S JR.
7201 ARLINGTON EXPRESSWAY, APT. #88
JACKSONVILLE FL 32211**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMITH, FRANCINE B
7201 ARLINGTON EXPRESSWAY, APT. #88
JACKSONVILLE FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
STAMPER, RODNETTA
3838 WINTON DRIVE
JACKSONVILLE FL 32208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
STAMPER, SHARETTA
3838 WINTON DRIVE
JACKSONVILLE FL 32208**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**V KETIE THOMAS
3838 WINTON DRIVE
JACKSONVILLE, FLORIDA 32208**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**S KAREN THOMAS
3838 WINTON DRIVE
JACKSONVILLE, FLORIDA 32208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

James W. Thomas Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. THOMAS SR 3-13-04 904-535-4091

Date

Daytime Phone #