


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 21, 2004 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # P01000090744 1. Entity Name JET DRY CLEANING & SERVICES, INC. |  |
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| Principal Place of Business 219 EASTPARK DRIVE CELEBRATION, FL 34747 | Mailing Address 219 EASTPARK DRIVE CELEBRATION, FL 34747 |
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3742667 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

NEILSEN, ROBERT
219 EASTPARK DRIVE
CELEBRATION, FL 34747

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000060483 02/23/04 80040 023 150.00 |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NIELSEN, ROBERT 219 EASTPARK DRIVE CELEBRATION, FL 34747 |
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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:  **2/19/04 707 970-9427**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #