


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000115328

1. Entity Name
PRO CARE CLEANERS, INC.



Principal Place of Business Mailing Address

2955 HARTLEY RD #205 2955 HARTLEY RD #205
 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 22-3850442 Not Applicable

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

6. Name and Address of Current Registered Agent

HADDAD, WILLIAM
 2955 HARTLEY RD #205
 JACKSONVILLE, FL 32257

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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000257741
 03/10/05-80013-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HADDAD, WILLIAM
STREET ADDRESS	2955 HARTLEY RD #205
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	DAOUD, FARIS
STREET ADDRESS	11317 CHERTSLEY LN
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	HANOISH, NAIEL
STREET ADDRESS	4403 SUMMER HAVEN BLVD S
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: William Haddad William Haddad 3/7/05 904-262-5066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #