

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115328

Entity Name: PRO CARE CLEANERS, INC.

FILED  
Apr 09, 2007  
Secretary of State

**Current Principal Place of Business:**

2955 HARTLEY RD #205  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

2955 HARTLEY RD #205  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 22-3850442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HADDAD, WILLIAM  
Address: 2955 HARTLEY RD #205  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: DAOUD, FARIS  
Address: 11317 CHERTSLEY LN  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: HANOISH, NAIEL  
Address: 4403 SUMMER HAVEN BLVD S  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HADDAD

DP

04/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date