

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115328

Entity Name: PRO CARE CLEANERS, INC.

FILED  
Mar 08, 2012  
Secretary of State

**Current Principal Place of Business:**

2955 HARTLEY RD #205  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

1650 SAN PABLO RD. SUITE 1  
JACKSONVILLE, FL 32224

**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

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: DAOUD, FARIS  
Address: 4522 SUMMER WALK CT.  
City-St-Zip: JACKSONVILLE, FL 32258

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM HADDAD

PD

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date