2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000118372

1. Entity Name

J.C. CLEANERS, INC.



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4758 SWEET CHERRY LANE E. JACKSONVILLE, FL 32225-1093

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04202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 01-0559067

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALLOWES, BORDEN R 4758 SWEET CHERRY LANE E. JACKSONVILLE, FL 32225-1093

SIGNATURE:

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VISCUSIE, JAMES L 4758 SWEET CHERRY LANE. JACKSONVILLE, FL 32225				U00000138771 04/29/04-80093-023 15000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VISCUSIE, CHUNG H 4758 SWEET CHERRY LN JACKSONVILLE, FL 32225				130 % 90
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR