2008 FOR PROFIT CORPORATION

FILED Apr 11, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P01000118372 1. Entity Name J.C. CLEANERS, INC. Principal Place of Business Mailing Address 4758 SWEET CHERRY LANE E. 4758 SWEET CHERRY LANE E. JACKSONVILLE, FL 32225-1093 JACKSONVILLE, FL 32225-1093 No Chg-P CR2E034 (11/05) 04072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0559067 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALLOWES, BORDEN R DO NOT WRITE 4758 SWEET CHERRY LANE E. JACKSONVILLE, FL 32225-1093 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 04/23/08-80045-001 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE VISCUSIE, JAMES L NAME 4758 SWEET CHERRY LANE. STREET ADDRESS CITY - ST - ZIP JACKSONVILLE, FL 32225 TITLE VISCUSIE, CHUNG H NAME 4758 SWEET CHERRY LN STREET ADDRESS CITY - ST - ZIP JACKSONVILLE, FL 32225 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

> James L. Visusiu SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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