

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90011 009 \*\*\*150.00

**DOCUMENT # P02000009687**

1. Entity Name  
**VANITY DRY CLEANERS, INC.**



Principal Place of Business  
**3231 F TAMiami TRAIL  
PORT CHARLOTTE, FL 33952**

Mailing Address  
**231 ALBERT LN.  
PORT CHARLOTTE, FL 33954**

**40079068**



03282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0385344</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VANITY DRY CLEANERS & FORMAL WEAR  
3596 TAMiami TRAIL  
UNIT S  
PORT CHARLOTTE, FL 33952**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BROWNE, EDWARD M
STREET ADDRESS	231 ALBERT LN.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	D
NAME	BROWNE, VANCE M
STREET ADDRESS	231 ALBERT LN.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	Change of business address
NAME	3596 Tamiami Trail
STREET ADDRESS	# 103
CITY-ST-ZIP	Port Charlotte,
TITLE	FL 33952
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby indicated of the cor changed

3 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-11-07**