2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empo-

SIGNATURE:

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P02000018278 * 1. Entity Name 04-29-2005 90253 028 ***150.00 FLORIDA DRY CLEAN CO, INC. Principal Place of Business Mailing Address 12905 LAZY PINE PLACE 12905 LAZY PINE PLACE **TAMPA FL 33624** TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number 04-3603141 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WILSON, MICHAEL F Box Number is Not Acceptable 12905 LAZY PINE PLACE 5 Note **TAMPA FL 33624** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE \$\$ \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will-Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE D TITLE ☐ Delete WILSON, MICHAEL F NAME NAME 12905 LAZY PINE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP ☐ Addition D ☐ Delete TITLE Change TITLE WILSON, KAREN L NAME NAME STREET ADORESS STREET ADDRESS 12905 LAZY PINE PLACE TAMPA FL 33624 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNING OFFICER OF DIRECTOR

FILED