

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000030055

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA DRYCLEANING, INC.

**Current Principal Place of Business:**

1111 E PALMETTO AVE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1111 E PALMETTO AVE  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 02-0569486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOHRR, PHILIP F ESQ  
1800 W BIBISCUS BLVD 138  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

NOHRR, PHILIP F ESQ  
1800 W HIBISCUS BLVD 138  
MELBOURNE, FL 32901 US

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

04/19/2007

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: NOHRR, PHILIP F  
Address: 1800 W HIBISCUS BLVD 138  
City-St-Zip: MELBOURNE, FL 32901

Title: VP ( ) Delete  
Name: KORTE, RICHARD A  
Address: 1111 E PALMETTO AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: COTHERN, HARRIETT W  
Address: PO BOX 361493  
City-St-Zip: MELBOURNE, FL 32936

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILIP F. NOHRR

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

DP

04/19/2007

\_\_\_\_\_  
Date