

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030055

FILED
Apr 02, 2009
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:

PO BOX 156
MELBOURNE, FL 32902

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:

COTHERN, HARRIETT W
1111 E PALMETTO AVE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

COTHERN, HARRIETT W
1115 E PALMETTO AVE
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: HARRIETT W. COTHERN

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NOHRR, PHILIP F
Address: P.O. BOX 1870
City-St-Zip: MELBOURNE, FL 32902

Title: D () Delete
Name: BANKS, JOHN A
Address: 726 GLENGARRY DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: DP () Delete
Name: COTHERN, HARRIETT W
Address: PO BOX 361493
City-St-Zip: MELBOURNE, FL 32936

Title: VP () Delete
Name: SALO, GLORIA
Address: P.O. BOX 1554
City-St-Zip: VERO BEACH, FL 32961

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HARRIETT W. COTHERN

DP

04/02/2009

Electronic Signature of Signing Officer or Director

Date