

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90013 023 ***150.00

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1. Entity Name

WILLAMSBURG DRY CLEANERS, INC



Principal Place of Business

**5458 CENTRAL FLORIDA PKWY
ORLANDO, FL 32821 US**

Mailing Address

**5458 CENTRAL FLORIDA PKWY
ORLANDO, FL 32821 US**

34063578



07142004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3605846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, NATWARLAL
271 LITTON CIR
ORLANDO, FL 32824**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PATEL, NATWARLAL
STREET ADDRESS 5458 CENTRAL FLORIDA PKWY
CITY-ST-ZIP ORLANDO, FL 32821

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CITY-ST-ZIP

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Natwarlal Patel

NATWARLAL Patel

7-14-04

407 239 0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #