

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90052 014 ***150.00

DOCUMENT # P02000072832 1. Entity Name WILLIAMSBURG 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FID Number 59-3605846	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PATEL, NATWARLAL 271 LITTON CIR ORLANDO, FL 32824				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 changing) Signature, typed or printed name of registered agent and title if applicable. DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Elect on Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PO	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PATEL, NATWARLAL		NAME		
STREET ADDRESS	5458 CENTRAL FLORIDA PKWY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32821		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			4/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day (no Phone #)		