2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Aug 05, 2005 8:00 am
Secretary of State
07-07-2005 90002 025 ***150.00
08-05-2005 90003 011 ***400.00

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1. Entity Name
SEMINOLA CLEANERS, INC.

50060140

Principal Place of Business	Mailing Address
1285 SEMINOLA BLVD. UNIT 105 CASSELBERRY, FL 32707 US	1285 SEMINOLA BLVD. UNIT 105 CASSELBERRY, FL 32707 US

06292005 No Chg-P CR2E034 (10/03)

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4. FEI Number
52-2376298
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOWRI, PATSY
1285 SEMINOLA BLVD.
UNIT 105
CASSELBERRY, FL 32707

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOWRI, PATSY
STREET ADDRESS	1285 SEMINOLA BLVD., UNIT 105
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	VP
NAME	SOWRI, DOSS
STREET ADDRESS	1285 SEMINOLA BLVD., UNIT 105
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Patsy Sowri 6-28-05 (407)699-5605
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #