

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90048 030 ***150.00

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1. Entity Name
CAPE CLEANERS OF SW FL., INC.



Principal Place of Business
1945 SE 37TH TERR.
CAPE CORAL, FL 33904

Mailing Address
1945 SE 37TH TERR.
CAPE CORAL, FL 33904

60017145



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

56-2330929

Applied For

Not Applicable

Zip

Country

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

SOUTHWEST PROF. SERVICES OF SO. FL, INC.
13571 MCGREGOR BLVD., SUITE 22
FT. MYERS, FL 33919

Name
HERITAGE TAX & CONSULTING SERVICES INC
Street Address (P.O. Box Number is Not Acceptable)

11220 METRO PKWY #3

City FORT MYERS

FL

Zip Code

33912

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]

[Signature]

DATE

1/1/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election 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 PD
NAME CHAMBERS, J. BRUCE
STREET ADDRESS 1945 SE 37TH TERR.
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE P.D.
NAME CHAMBERS, DAWN S.
STREET ADDRESS 1945 SE 37TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAWN S. CHAMBERS, PRESIDENT

Date

1/1/06

Daytime Phone #