2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Mar 01, 2004 8:00 am Secretary of State

1. Entity Name	MENT # P030001088 DRY CLEANERS, INC.			03-01-200	4 90030 008 ***150.00		
106 HANCOCK BRIDGE PARKWAY WEST 471 UNIT A-1 UNI		Mailing Address 4717 S.W. 13TH AVE. UNIT 210 CAPE CORAL, FL 33914	4717 S.W. 13TH AVE. UNIT 210				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numb	er 41–211128		
Zip	Country	Zip	Country	_5. Certificate	of Status Desired	\$8.75 Additional	
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New	Registered Agent	
NEWHOUSE NATHAN H			Name	Name			
NEWHOUSE, NATHAN H 4717 S.W. 13TH AVE. UNIT 210			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	RAL, FL 33914						
			City	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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu							
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00			\$5.00, May Be Added to Fees			
After Ma	ay 1, 2004 Fee will be \$550.00 OFFICERS AND D	Trust Fund Contrib	11.	Added to Fees	/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
After Ma	ay 1, 2004 Fee will be \$550.00	Trust Fund Contrib	ution.	Added to Fees	/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
After Ma	OFFICERS AND D	Trust Fund Contrib	11.	Added to Fees	/CHANGES TO OF	***************************************	
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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 trusted 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 impowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

02/19/2004 Date

(239) 574-3881