## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000005158

1. Entity Name

GULF BEACH CLEANERS & LAUNDRY, INC.



FILED Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

200 75TH AVENUE ST. PETE BEACH, FL 33706 Mailing Address

200 75TH AVENUE

ST. PETE BEACH, FL 33706



## DO NOT WRITE IN THIS SPACE

03142006 No

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-0588616

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHLAPOWSKI, PATTI BROWN 6680 GULF BOULEVARD ST. PETE BEACH, FL 33706

## DO NOT WRITE IN THIS SPACE

8. The above the obligated Signature.	tions of registered agent.		ed office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
OIGINATURE.	Signature, typed or printed name of registered agent and title	If applicable (NOTE, Registere	d Agent signat.	re required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000521330	
10.	OFFICERS AND DIREC	CTORS	_	(1-11128-11881	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SFERIOS, ALLEN 200 75TH AVENUE ST. PETE BEACH, FL 33706					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE Name Street Address City-St-21P				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TIFLE NAME STREET ADDRESS						

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:

CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06

727-310-1030

. .

Daytime Phone #