2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023178

Entity Name: DOROTHY MILLS CLEANING AND TRIM, INC.

FILED Sep 06, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
107 SOUT AUBURNI	TH CT DALE, FL 338:	23				
Current Mailing Address:			New Mailing Addres	New Mailing Address:		
107 SOUT AUBURNI	TH CT DALE, FL 338:	23				
FEI Number	r: 73-1692248	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	d Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
The above	TH CT DALE, FL 338:		purpose of changing its registere	ed office or registered agent, or both,		
SIGNATU						
SICINATO		nic Signature of Registered Ag	ent	Date		
		93(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (MILLS, DORO ^T 107 SOUTH CT AUBURNDALE	Г	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (MILLS, ROGEF 107 SOUTH CT AUBURNDALE	Г	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ST (TOWNSEND, N 1078 SOUTH C AUBURNDALE	CT CT	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DOROTHY MILLS	P	09/06/2005
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