


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

06-24-2005 90003 002 ***150.00

DOCUMENT # P04000023628	
1. Entity Name QUALITY SERVICE CLEANERS, INC	

Principal Place of Business 15710 NW CTY. ROAD 236 ALACHUA, FL 32615	Mailing Address 15710 NW CTY. ROAD 236 ALACHUA, FL 32615
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66024873



2. Principal Place of Business 15710 NW CTY Rd 236 Suite, Apt. #, etc. City & State ALACHUA, FL Zip 32615	3. Mailing Address P.O. Box 364 Suite, Apt. #, etc. City & State Micanopy, FL Zip 32667
Country USA	Country USA

05202005 Chg-P CR2E034 (10/03)

4. FEI Number 03-0384599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CONNELL, MICHELLE M 15710 NW CTY. ROAD 236 ALACHUA, FL 32615

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Michelle Connell DATE: 6-1-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONNELL, MICHELLE M 15710 NW CTY. ROAD 236 ALACHUA, FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONNELL, DEBORAH M 15710 NW CTY. ROAD 236 ALACHUA, FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michelle Connell DATE: 6-1-05 352-466-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

66024873

Division of Corporations

Annual Report

The following is a review of the information you are submitting for the filing of your Annual Report. Please verify the information and any changes made for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

Document Number	P04000023628
Business Entity Name	QUALITY SERVICE CLEANERS, INC
Prior notice was	Received
FEI Number	830384599
FEI Number Status	Current
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address 15710 NW CTY. ROAD 236
Suite, Apt. #, etc.
City, State ALACHUA, FL
Zip Code & Country 32615

Mailing Address

Address 15710 NW CTY. ROAD 236
Suite, Apt. #, etc.
City, State ALACHUA, FL
Zip Code & Country 32615

Name And Address of Registered Agent

Name (Last, First, Middle, Title) CONNELL, MICHELLE , M
Address 15710 NW CTY. ROAD 236
Suite, Apt. #, etc.
City, State ALACHUA, FL
Zip Code & Country 32615 US
Registered Agent Signature

Officer/Director Name And Address

Title D
Name (Last, First, Middle, Title) CONNELL, MICHELLE , M
Street Address 15710 NW CTY. ROAD 236
City, State ALACHUA, FL

Zip Code & Country 32615
Title D
Name (Last, First, Middle, Title) CONNELL, DEBORAH , M
Street Address 15710 NW CTY. ROAD 236
City, State ALACHUA, FL
Zip Code & Country 32615
Title OWNE
Officer/Director Signature MICHELLE CONNELL

Continue

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July 6, 2005.

I sent my fee of 150.00 along
with the Annual report.

Which I recieved the Letter Stating
that this needed to be at your
office June 24, 2005.

You've received this and my
check for \$150.00 has been cashed by
the State.

Please advise me on the corrections,
Because I never recieved the first notice.
only the letter on May 25, 2005.
Stating that the late fee would be
waivered.

Thank you

352-222-1205

Michelle Connolly

352-466-3933

Quality Service Cleaners.