

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2005 8:00 am
Secretary of State

05-04-2005 90111 020 ***150.00

DOCUMENT # P04000042816 1. Entity Name CARRIE'S CLEANERS, INC.			
Principal Place of Business 1803 SW 1ST PLACE CAPE CORAL, FL 33991		Mailing Address 1803 SW 1ST PLACE CAPE CORAL, FL 33991	
2. Principal Place of Business 4704 Skyline Blvd		3. Mailing Address Same	
Suite, Apt. #, etc. Apt 2		Suite, Apt. #, etc. 	
City & State Cape Coral FL		City & State 	
Zip 33914		Zip 	
Country 		Country 	
4. FEI Number 05-0597056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEIM, CARRIE A 1803 SW 1ST PLACE CAPE CORAL, FL 33991		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4704 Skyline Blvd Apt 2 City Cape Coral 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 KEIM, CARRIE A 1803 SW 1ST PLACE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: X Carrie Keim <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/30/05 <small>Date</small>	

bbU43104



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