


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90135 038 \*\*\*150.00

<b>DOCUMENT # P04000077547</b>	
1. Entity Name <b>DICK'S CLEAN IMAGE, INC</b>	

Principal Place of Business <b>5440 11TH ST CIR E BRADENTON, FL 34203</b>	Mailing Address <b>5440 11TH ST CIR E BRADENTON, FL 34203</b>
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2. Principal Place of Business <b>15 PARADISE PLAZA</b> Suite, Apt. #, etc. <b>151</b>	3. Mailing Address <b>15 PARADISE PLAZA</b> Suite, Apt. #, etc. <b>151</b>
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City & State <b>SARASOTA, FL</b> Zip <b>34239</b>	Country <b>SARASOTA</b>	City & State <b>SARASOTA, FL</b> Zip <b>34239</b>	Country <b>SARASOTA</b>
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08292005 Chg-P CR2E034 (10/03)

4. FEI Number <b>86-1105140</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CHOQUETTE, RICHARD PAUL 5440 11TH ST CIR E BRADENTON, FL 34203</b>	
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7. Name and Address of New Registered Agent Name <b>15 PARADISE PLAZA, 151</b> Street Address (P.O. Box Number is Not Acceptable) <b>SARASOTA</b> City <b>FL</b> Zip Code <b>34239</b>	
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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 <u><i>Richard P. Choquette</i></u> <b>RICHARD CHOQUETTE</b> <u>8/31/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE	
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHOQUETTE, RICHARD PAUL</b> <b>5440 11TH ST CIR E</b> <b>BRADENTON, FL 34203</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>15 PARADISE PLAZA, 151</b> <b>SARASOTA, FL 34239</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARQUESS, MERLIN C</b> <b>5440 11TH ST CIR E</b> <b>BRADENTON, FL 34203</b> <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: <u><i>Richard P. Choquette</i></u> <b>RICHARD CHOQUETTE</b> <u>8/31/05</u> <u>386-6514</u> Signature and typed or printed name of signing officer or director Date Daytime Phone #	