05/26/2005 15:43 3217272412

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May 31, 2005 8:00 am
Secretary of State

05-02-2005 90545 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/

DOCUMENT # P04000083080

1. Entity Name
CLASSY CLEANERS, INC.

Principal Place of Business	Mailing Address
1055 ITZEHOE AVE NW PALM BAY, FL 32907	1055 ITZEHOE AVE NW PALM BAY, FL 32907
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04292005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-1166152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLD, SYLVIA
1215 HADLEY CIR APT 104
PALM BAY, FL 32909

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 ______ DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 WOLD, SYLVIA 1215 HADLEY CIR APT 104 PALM BAY, FL 32909	☐ Delete	DPS Wold, Sylvia 1215 Hadley Circle Apt 104 Palm Bay FL 32909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIAL, MICHELLE 1055 ITZEHOE AVE NW PALM BAY, FL 32907	☐ Delete	DT Mial, Michelle 1055 Itzehoe Ave NW Palm Bay FL 32907	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAUDILL, LAURA J 1215 HADLEY CIR., APT. 104 PALM BAY, FL 32909	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Sylvia M Wold Sylvia Wold Pres 4/28/05 (321) 298-3906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #