


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90212 043 ***150.00

DOCUMENT # P04000083080 1. Entity Name CLASSY CLEANERS, INC.					
Principal Place of Business 1055 ITZEHOE AVE NW PALM BAY, FL 32907			Mailing Address 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOLD, SYLVIA 1215 HADLEY CIR APT 104 PALM BAY, FL 32909				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 _____ <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, 2006 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	DPS		TITLE		
NAME	WOLD, SYLVIA		NAME		
STREET ADDRESS	1215 HADLEY CIR APT 204		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32909		CITY-ST-ZIP		
TITLE	DT		TITLE		
NAME	MIAL, MICHELLE		NAME		
STREET ADDRESS	1055 ITZEHOE AVE NW		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Sylvia M. Wold</u> Sylvia Wold Pres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/06 <small>Date</small>		
			<small>Daytime Phone #</small>		

40001206



04272006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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Trust Fund Contribution. ☐

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
DPS
WOLD, SYLVIA
1215 HADLEY CIR APT 204
PALM BAY, FL 32909

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
DT
MIAL, MICHELLE
1055 ITZEHOE AVE NW
PALM BAY, FL 32907

☐ Delete

TITLE
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☐ Change ☐ Addition

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SIGNATURE: Sylvia M. Wold Sylvia Wold Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #