

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90394 036 ***150.00

DOCUMENT # P05000076108 1. Entity Name SPRING FRESH DRY CLEANERS, INC.					
Principal Place of Business 503 WEST BRANNEN ROAD LAKELAND, FL 33813			Mailing Address 6890 HAYTER DRIVE LAKELAND, FL 33813		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 503 WEST BRANNEN ROAD			
City & State Zip Country		City & State LAKELAND, FL Zip Country 33813 USA		4. FEI Number 20-2909957	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TCHIPANOV, MIROSLAV 503 WEST BRANNEN ROAD LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name JAMES CHILDERS Street Address (P.O. Box Number is Not Acceptable) 503 WEST BRANNEN ROAD City LAKELAND FL Zip Code 33813		
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: JAMES CHILDERS PRESIDENT 03/23/06 <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 NAME STREET ADDRESS CITY - ST - ZIP	D TCHIPANOV, MIROSLAV 503 WEST BRANNEN ROAD LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHILDERS, JAMES 503 WEST BRANNEN ROAD LAKELAND, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, DEAN K 503 WEST BRANNEN ROAD LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T HOLIDAY L. CHILDERS 503 WEST BRANNEN ROAD LAKELAND FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHILDERS, JAMES 503 WEST BRANNEN ROAD LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JAMES CHILDERS (P) 3/23/06 (863) 944 4380 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					