

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000113285

1. Entity Name
J&T CLEANERS & LAUNDRY, INC.



Principal Place of Business

834 6TH STREET NW
WINTER HAVEN, FL 33881

Mailing Address

P.O. BOX 1602
EAGLE LAKE, FL 33839

FILED
Mar 22, 2007 08:00 A
Secretary of State



01132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3312935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, TERESA
840 EAST EAGLE AVENUE
EAGLE LAKE, FL 33839

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, TERESA 840 EAST EAGLE AVENUE EAGLE LAKE, FL 33839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, JAMES E 840 EAST EAGLE AVENUE EAGLE LAKE, FL 33839
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03/30/07-80006-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-07

Date

Daytime Phone #