

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000106264

1. Entity Name
MISTI'S FIRST CLASS CLEANERS, INC.



FILED

08 SEP 26 AM 10:13

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1215 FRANKLIN AVE.
ELLENTON, FL 34222

Mailing Address
1215 FRANKLIN AVE.
ELLENTON, FL 34222

2. Principal Place of Business - No P.O. Box #
1215 Franklin Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Ellenton FL
Zip
34222

City & State
Zip
Country

07162008 Chg-P CR2E034 (12/06)

4. FEI Number
26-1132686
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, MISTIANNA J
3451 68TH STREET CIRCLE EAST
PALMETTO, FL 34221

7. Name and Address of New Registered Agent

Name
Mistianna J. Bennett
Street Address (P.O. Box Number is Not Acceptable)
1215 Franklin Ave
City
Ellenton FL Zip Code
34222

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 *Mistianna J. Bennett* (NOTE: Registered Agent signature required when reinstating) DATE 7/18/08

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BENNETT, MISTIANNA J
3451 68TH STREET CIRCLE EAST
PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
M 9/26 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
Mistianna J. Bennett
1215 Franklin Ave
Ellenton FL 34222 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
JO8000316431
09/26/08--01045--006 **150.00 ☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

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: *Mistianna J. Bennett* Mistianna J. Bennett, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #