

May 14 08 05:57p

James Westmoreland

FILED
May 19, 2008 8:00 am
Secretary of State

04-17-2008 90043 001 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000120410			
1. Entry Name OLD TOWN NEIGHBORHOOD CLEANERS INC			
Principal Place of Business 3857 ACLINE RD. 101 PUNTA GORDA, FL 33950		Mailing Address 3849 ACLINE RD 310 PUNTA GORDA, FL 33950	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address:	
Subst. Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. SS Number 26-1352854		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTMORELAND, JAMES H 5369 DAVINI ST SARASOTA, FL 34238		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ Signature, brand or printed name of registered agent and date of signature (Required Agent's signature required when re-appointing)			
FILE NOW! FEE IS \$150.00 After May 1, 2008 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-STATE-ZIP	P WESTMORELAND, JAMES H 5369 DAVINI ST SARASOTA, FL 34238 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP PARSONS, JANET C 5369 DAVINI ST SARASOTA, FL 34238 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 disclosed 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 filers empowered.			
SIGNATURE: <i>Janet C. Parsons</i>		4/13/08 941-387-4944	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	