

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90067 022 ***150.00

DOCUMENT # P95000082902

1. Entity Name
PETE'S CLASSIC CLEANERS, INC.



Principal Place of Business
**4199 PALM BEACH BLVD
FORT MYERS, FL 33916**

Mailing Address
**4199 PALM BEACH BLVD
FORT MYERS, FL 33916**

20022743

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

Zip Country

Barcode

03102005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0617677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOUTHWEST PROF. SERV. OF SO. FLA, INC.
18571 MCGREGOR BLVD #22
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name
HERITAGE TAX & CONSULTING

Street Address (P.O. Box Number is Not Acceptable)
**SERVICES INC
11220 METRO PKWY
SUITE #3**

City
FORT MYERS FL Zip Code
33912

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 *David Goldberg* **DAVID GOLDBERG VP** DATE **3/10/05**

Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-filing.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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-ST-ZIP	P FERRAGI, KATHLEEN A 4660 SKATES CIRCLE FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: *Kathleen A. Ferragi* **KATHLEEN A. FERRAGI** DATE **3-14-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR