


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000060167</b> 1. Entity Name <b>RICHARD AND MICKIE'S DRY CLEANERS, INC.</b>	
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Principal Place of Business <b>1128 AIRPORT ROAD PANAMA CITY, FL 32405</b>	Mailing Address <b>1128 AIRPORT ROAD PANAMA CITY, FL 32405</b>
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**DO NOT WRITE IN THIS SPACE**



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3405096</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ISLER, CHARLES  
434 MAGNOLIA AVE.  
PANAMA CITY, FL 32401**

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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 restating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000589451 01/18/07-80016-013 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BALDWIN, J. RICHARD 1128 AIRPORT ROAD PANAMA CITY, FL 32405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BALDWIN, MICKIE 1128 AIRPORT ROAD PANAMA CITY, FL 32405</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: MICKIE BALDWIN** *Mickie Baldwin* **1/16/07 850 872-1331**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #