

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000099246

1. Entity Name  
QUALITY CLEANERS V OF GAINESVILLE, INC.



Principal Place of Business  
11 N.E. 23RD AVENUE  
GAINESVILLE, FL 32609

Mailing Address  
11 N.E. 23RD AVENUE  
GAINESVILLE, FL 32609

**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3415665

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

JOHNSON, GREG  
11 N.E. 23RD AVENUE  
GAINESVILLE, FL 32609

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, 2004 Fee will be \$550.00**

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

U00000055747  
02/18/04 80016 022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, GREG
STREET ADDRESS	11 N.E. 23RD AVENUE
CITY- ST- ZIP	GAINESVILLE, FL 32609
TITLE	D
NAME	TURNER, RICHARD
STREET ADDRESS	7555 N.W. 135TH STREET
CITY- ST- ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 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 record 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

Date

Daylong Phone #

*Greg Johnson* GREG JOHNSON 2/16/04 (352) 379-5600