2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000102133

1. Entity Name
JUST RITE CLEANING, INC.

Principal Place of Business	Mailing Address
48 VILLAGE DRIVE ORMOND BEACH, FL 32174	48 VILLAGE DRIVE ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

02052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3486081	Not Applicable

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

6. Name and Address of Current Registered Agent

MONTGOMERY, A.E.
48 VILLAGE DR.
ORMOND BEACH, FL 32174

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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 _____   A.E. MONTGOMERY PRESIDENT   2/5/07

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTGOMERY, KATHLEEN R
STREET ADDRESS	48 VILLAGE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	SDPT
NAME	MONTGOMERY, ALVIN E
STREET ADDRESS	48 VILLAGE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	V
NAME	WILSON, KYLE
STREET ADDRESS	1509 SAN MARCO DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32174

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02/14/07-80055-004 150.00

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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 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: _____, A.E. MONTGOMERY, PRESIDENT, 2/5/07   (386) 677-9432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #