

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000061600

1. Entity Name
PALMER'S DRYCLEANERS INC.



Principal Place of Business
432 EAST BURLEIGH BLVD.
TAVARES, FL 32778

Mailing Address
432 EAST BURLEIGH BLVD.
TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE

**FILED
Jan 26, 2005 08:00 AM
Secretary of State**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3522204	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, VALERA A
1104 HAMLIN AVE.
HOWEY IN THE HILLS, FL 34737

**DO NOT WRITE
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 reinstating)

DATE

**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

000000137550
01/27/05-80016-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME PALMER, CRAIG S
STREET ADDRESS 432 E BURLEIGH BLVD
CITY-ST-ZIP TAVARES, FL 32778

TITLE VS
NAME PALMER, VALERA A
STREET ADDRESS 432 E BURLEIGH BLVD
CITY-ST-ZIP TAVARES, FL 32778

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 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: *Valera A. Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05

352 6365733

Date

Daytime Phone #