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Apr 14, 2005 8:00 am
Secretary of State
03-02-2005 90068 029 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000075927

1. Entity Name
CLASSIC CLEANERS OF PELICAN LANDING, INC.

66010013

01112005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
24600 S. TAMIAMI TR.,STE.104 BONITA SPRINGS, FL 34134	24600 S. TAMIAMI TR.,STE.104 BONITA SPRINGS, FL 34134

	2. Principal Place of Business	3. Mailing Address
Street	9201 Brookwood CT.	9201 Brookwood CT.
Suite, Apt. #, etc.	#7	#7
City & State	Bonita Springs, Fl	Bonita Springs, Fl
Zip	34135	34135
Country	USA	USA

4. FEI Number 59-3528578 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GUTIERREZ, WILLIAM JR
22068 SEASHORE CIRCLE
ESTERO, FL 33928

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 William Gutierrez 1/31/05
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GUTIERREZ, WILLIAM JR. 22068 SEASHORE CIRCLE ESTERO, FL 33928	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: WM Gutierrez 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #