


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000031701		
1. Entity Name CARING CLEANERS, INC.		
Principal Place of Business 1500 BEVILLE RD., STE. 101 DAYTONA BEACH, FL 32114	Mailing Address 1500 BEVILLE RD., STE. 101 DAYTONA BEACH, FL 32114	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HUGHES, PHYLLIS A 1500 BEVILLE RD., STE. 101 DAYTONA BEACH, FL 32114		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, PHYLLIS 1500 BEVILLE RD., STE. 101 DAYTONA BEACH, FL 32114	
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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: <i>Phyllis A. Hughes</i> Phyllis A Hughes		Date 2/17/05 Daytime Phone # 386-253-8888



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3567866

Applied For
Not Applicable

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

000000236024
02/21/05-80001-015 150.00