


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000056571 1. Entity Name TOWER SQUARE DRY CLEANERS, INC.	
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Principal Place of Business 5737 SW 75TH ST. GAINESVILLE, FL 32608-5504 US	Mailing Address 5737 SW 75TH ST. GAINESVILLE, FL 32608-5504 US
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DO NOT WRITE IN THIS SPACE



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3588272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMEIDA, MARIA I
5737 SW 75TH ST.
GAINESVILLE, FL 32608-5504

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALMEIDA, MARIA I 5737 SW 75TH ST. GAINESVILLE, FL 326085504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS ALMEIDA, JOSE P 5737 SW 75TH ST GAINESVILLE, FL 326085504
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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: Maria Isabel Almeida **MARIA ISABEL ALMEIDA** 7-26-04 552 377-0865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #