## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000058492**

1. Entity Name

ALLÉN'S DRY CLEANING & LAUNDRY, INC.



FILED Jan 17, 2006 08:00 AM Secretary of State

Principal Place of Business 405 9TH STREET, SOUTH NAPLES, FL 34102 Mailing Address PO BOX 612

PO BOX 612 NAPLES, FL 34106-0612



DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3587178

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LONG, ALLEN W 405 9TH STREET, SOUTH NAPLES, FL 34102

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered offi	ce or registered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept
SIGNATURE Signature, typed or privated name of registered agent and tile if applicable (NOTE. Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, ALLEN W 405 9TH STREET, SOUTH NAPLES, FL 34102			U00000386758 01/13/06-80012-002	2 158.75
title name Street address City-Si-Zip					·=
TITLE HAME STREET ADDRESS CHY-ST-JIP			DO	NOT WRITE	· - <i>i</i> ···
TITLE NAME STREET ADDRESS DITY - ST - ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SJ-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the cor	certify that the information supplied with this fit on this report or supplemental report is true a reportation or the receiver or trustee empowere	iling does not qualify for the examptic and accurate and that my signature s of to execute this report as required by	ons contained in Chapter 1: hall have the same legal effor y Chapter 607, Florida Statu	19, Florida Statutes. I further certify that ect as if made under oath; that I am an o tes; and that my name appears in Block	the information flicer or director 10 or Block 11 if