

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000088407

1. Entity Name
QUALITY CLEANERS OF SPRINGHILL, INC.



Principal Place of Business
**9200 NW 39TH AVE
STE 102
GAINESVILLE, FL 32606**

Mailing Address
**11 NE 23RD AVE.
GAINESVILLE, FL 32609**

DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3611563

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, GREG
5437 NW 46TH TERR
GAINESVILLE, FL 32653**

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000055746
02/18/04-80016-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, GREG
STREET ADDRESS	5437 NW 46TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	ST
NAME	TURNER, RICHARD W
STREET ADDRESS	7555 NW 135TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	V
NAME	THOMAS, DANIEL W
STREET ADDRESS	5233 SW 75TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *Greg Johnson* **GREG JOHNSON** **2/16/04 (352) 379-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #