


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000088407 1. Entity Name QUALITY CLEANERS OF SPRINGHILL, INC.	
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Principal Place of Business 9200 NW 39TH AVE STE 102 GAINESVILLE, FL 32606	Mailing Address 11 NE 23RD AVE. GAINESVILLE, FL 32609
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04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3611563	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, GREG 5437 NW 46TH TERR GAINESVILLE, FL 32653
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, GREG 5437 NW 46TH TERR GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TURNER, RICHARD W 7555 NW 135TH ST. GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, DANIEL W 5233 SW 75TH TERR GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1000000326345 04/25/05-80019-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <u><i>Greg Johnson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-14-05 <small>Date</small>	(352) 379-5600 <small>Daytime Phone #</small>
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