


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000088411 1. Entity Name QUALITY CLEANERS OF JONESTOWN, INC.	
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Principal Place of Business 14266 W. NEWBERRY RD. NEWBERRY, FL 32669	Mailing Address 14266 W. NEWBERRY RD. NEWBERRY, FL 32669
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04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3603383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, GREG QUALITY CLEANERS 11 NE 23RD AVENUE GAINESVILLE, FL 32609
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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 restoring) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GREG C/O WARD & WARD 4001 NEWBERRY RD. C-1 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, RICHARD W C/O WARD & WARD 4001 NEWBERRY RD. C-1 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYNE THOMAS, DANIEL W C/O WARD & WARD 4001 NEWBERRY RD. C-1 GAINESVILLE, FL 32607
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U00000327046 04/25/05-80021-025 150.00
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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)(b), 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 4-14-05 (352) 379-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #