


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000088411 1. Entity Name QUALITY CLEANERS OF JONESVILLE, 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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DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3603383	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 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 _____ <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, 2008 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	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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05/23/08-80011-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	4/29/08	352-379-5600
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>