

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90451 029 ***150.00

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1. Entity Name

TOUCH OF QUALITY CLEANERS, INC.



Principal Place of Business

37948 MERIDIAN AVE
DADE CITY, FL 33525

Mailing Address

37948 MERIDIAN AVE
DADE CITY, FL 33525

60031632



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3604437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, SANDRA S
20431 YONTZ RD
BROOKSVILLE, FL 34601

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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:

Signature, typed or printed name of registered agent and title 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POWELL, SANDRA S
STREET ADDRESS	20431 YONTZ RD
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	BUTTELMAN, STACEY S
STREET ADDRESS	400 EDERINGTON DR 1028 S. Mildred Av.
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	BUTTELMAN, THOMAS C
STREET ADDRESS	400 EDERINGTON DR 1028 S. Mildred Av.
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #