

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90087 026 ***150.00

DOCUMENT # P99000096100

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**

2. Principal Place of Business - No P.O. Box #

1194 S BROAD ST

3. Mailing Address

1194 S. BROAD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04202007

Chg-P

CR2E034 (12/06)

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

4. FEI Number

59-3604437

Applied For

Not Applicable

Zip

34601

Country

USA

Zip

34601

Country

USA

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 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** ☐ Delete
NAME **POWELL, SANDRA S**
STREET ADDRESS **20431 YONTZ RD**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **D** ☒ Delete
NAME **BUTTELMAN, STACEY S**
STREET ADDRESS **1028 SOUTH MILDRED AVENUE**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **D** ☒ Delete
NAME **BUTTELMAN, THOMAS C**
STREET ADDRESS **1028 SOUTH MILDRED AVENUE**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Russell H. Powell**
STREET ADDRESS **20431 YONTZ Rd.**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sandra S. Powell **SANDRA S. POWELL** **4/29/07** **352-848-1162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #