

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90085 036 ***150.00

DOCUMENT # P99000100278

1. Entity Name

G.S. & G. CLEANERS, INC.



Principal Place of Business

305 BLANDING BLVD STE E
ORANGE PARK FL 32073

Mailing Address

305 BLANDING BLVD STE E
ORANGE PARK FL 32073

24004213

2. Principal Place of Business

3. Mailing Address



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

Orange Park, FL

Suite, Apt. #, etc.

City & State

Orange Park, FL

4. FEI Number

59-3699424

Applied For

Not Applicable

Zip

32073

Country

U.S.A.

Zip

32073

Country

Clay County

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, PHYLLIS
444 GANO CT.
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

Phyllis Goodwin

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

441 Gano Ct.

Orange Park

FL

City

FL

Zip Code

32073

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

Phyllis Goodwin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-22-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GOODWIN, PHYLLIS
STREET ADDRESS 441 GANO CT
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE SD ☐ Delete
NAME GOODWIN, MICHELE
STREET ADDRESS 522 FALLEN TIMBERS
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE TD ☒ Delete
NAME SCHNEIDER, JUDY
STREET ADDRESS 8144 KILWINNING LN.
CITY-ST-ZIP JACKSONVILLE FL 32244

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME Owner No Longer Officer
STREET ADDRESS Judy Schneider
CITY-ST-ZIP 8144 Kilwinning Ln
S-ville, FL 32244

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

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

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 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:

Phyllis Goodwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Date

904-272-0054

Daytime Phone #