

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90464 040 \*\*\*150.00

**DOCUMENT # S59710**

1. Entity Name

GREAT AMERICAN CLEANERS, INC.



Principal Place of Business

1500 UNIVERSITY DR.  
#208  
CORAL SPRINGS FL 33071  
US

Mailing Address

1750 UNIVERSITY DR.,  
SUITE 111  
CORAL SPRINGS FL 33071  
US

2. Principal Place of Business

1500 UNIVERSITY DR.  
Suite, Apt. #, etc.  
208

3. Mailing Address

1500 UNIVERSITY DR.  
Suite, Apt. #, etc.  
208

City & State  
Coral Springs

Zip  
33071

Country  
Browns

City & State  
Coral Springs, FL

Zip  
33071

Country  
Browns

4. FEI Number

65-0269925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TEEVEN, GERARD P  
1500 UNIV DR #208  
POMPANO BEACH FL 33071

7. Name and Address of New Registered Agent

Name

Gerard J. Tveen

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

1500 UNIVERSITY DR., Suite 208

Coral Springs

City

FL

Zip Code

33071

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, 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 DP ☐ Delete  
NAME TEEVEN, GERARD J.  
STREET ADDRESS 1500 UNIV DR #205  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE DS ☐ Delete  
NAME TEEVEN, GERARD P.  
STREET ADDRESS 1500 UNIVERSITY DR #201  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 1500 UNIVERSITY DR., Suite 204  
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04

954-346-9501