

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # V37742

1. Entity Name
SOUTHSIDE CLASSIC CLEANERS, INC.



Principal Place of Business
**3437 15TH AVENUE SOUTH
ST. PETERSBURG, FL 33711**

Mailing Address
**P.O. BOX 13115
ST. PETERSBURG, FL 33733 US**



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0344385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, OLINDA G.
3437 - 15TH AVENUE SOUTH
ST. PETERSBURG, FL 33711**

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000314117

04/18/05-80153-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, OLINDA G.
STREET ADDRESS	3437 15TH AVENUE SOUTH
CITY - ST - ZIP	ST. PETERSBURG, FL

TITLE	VD
NAME	SMITH, EARNEST D.
STREET ADDRESS	3437 15TH AVENUE SOUTH
CITY - ST - ZIP	ST. PETERSBURG, FL

TITLE	PST
NAME	SMITH, OLINDA G.
STREET ADDRESS	3437 15TH AVENUE SOUTH
CITY - ST - ZIP	ST. PETERSBURG, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Olinda Smith Olinda Smith 4-15-05 727 321-7774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #