


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000092982 1. Entity Name NEIGHBORHOOD DRY CLEANERS & SUPPLY, INC.	
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Principal Place of Business 1101 BLANDING BLVD. SUITE 123 ORANGE PARK, FL 32065	Mailing Address 2955 HARTLEY RD SUITE 204 JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0640935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

QURESHI, KHAWAR S
 1101 BLANDING BLVD.
 SUITE 123
 ORANGE PARK, FL 32065

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000073455
 03/02/04-80037-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QURESHI, KHAWAR S 1101 BLANDING BLVD., #123 ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST QURESHI, FARAH M 1101 BLANDING BLVD., #123 ORANGE PARK, FL 32065
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* 2/29/04 901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #