2006 FOR PROFIT CORPORATION

FILED Mar 27, 2006 08:00 AM **ANNUAL REPORT** DOCUMENT # H75954 **Secretary of State** 1. Entity Name BOSSO'S UNIFORM COMPANY, INC. Mailing Address Principal Place of Business C/O DAVID A, BOSSO C/O DAVID A. BÖSSO 1120 W. GOVERNMENT ST. 1120 W. GOVERNMENT ST. PENSACOLA, FL 32501 PENSACOLA, FL 32501 03162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2617169 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent BOSSO, DAVID A MR. DO NOT WRITE 1120 W. GOVERNMENT ST. PENSACOLA, FL 32501 IN THIS SPACE 6. 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 Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS vos TITLE BOSSO, KATHY K. NAME STREET ADDRESS **801 WHITNEY DR.** CITY-ST-ZIP PENSACOLA, FL 32503 U00000481**544** 04/11/**0**6-80035-020 150.00 BOSSO, DAVID A. NAME STREET ADDRESS 601 WHITNEY DR. CITY-ST-ZIP PENSACOLA, FL 32503 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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:

TITLE NAME STREET ADDRESS CITY-ST-Z0?

SIGNING OFFICER OR DIRECTOR

3-23-06