


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 017 ***150.00

DOCUMENT # P96000023890 1. Entity Name SCHOOL DAZE UNIFORMS, INC.	
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Principal Place of Business 1803 N.E. 2 AVENUE MIAMI, FL 33132	Mailing Address POST OFFICE BOX 16842 MIAMI, FL 33101
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00066034



09062005 No Chg-P CF2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0654902	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 LAWHORN, RITA 1920 N.W. 107 STREET MIAMI BEACH, FL 33167	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10: OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAWHORN, RITA 1920 N.W. 107 STREET MIAMI, FL 33167
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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: *Rita Lawhorn* 9/6/07 (305) 373-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT # ⁵⁰⁰⁶⁶⁰³⁴
P96000023890

School Daze Uniforms, Inc.
Wholesale/Retail/Manufacturers

Rita Lawhorn, President
rlawhorn03@bellsouth.net

September 6, 2005

- . Division of Corporations
- . P.O. Box 6198
- . Tallahassee, FL 32314
- . **RE: ANNUAL FEE**

Dear Sir/Madame,

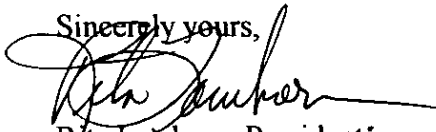
I am writing this letter in regards to my Corporate Fee for 2005. I did not receive my forms from you for 2005. I went online and made a correction to my mailing address in May 2005, you had my address as Miami Beach, Florida.

After I corrected the error, I could not make the fee payment online, and was instructed that I had until September 7, 2005 to make the payment in the amount of \$150.00. But when I downloaded the form it stated that I owed \$550.00.

I have enclosed the \$150.00, as instructed in May of this year. Also I hope you will accept my payment through regular mail, which is postmarked today, September 6, 2005. Due to hurricane Katrina, my lights were out, and I could not get in touch with your office, and could not go online to retrieve the form.

Please, if there are any questions; please do not hesitate to contact me at your earliest convenience.

Sincerely yours,


Rita Lawhorn, President
School Daze Uniforms, Inc.

RL/bh

1803 Northeast 2nd Avenue • Miami, Florida 33101 • Telephone: (305) 373-2665 • Fax: (305) 373-9956
Email | Schooldaze1@hotmail.com

"Where Service Is The  Of Our Business"