

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 530591

1. Entity Name

STANDARD FORMALWEAR CENTERS, INC.



Principal Place of Business

1910 WELLS RD.
ORANGE PARK, FL 32073

Mailing Address

1910 WELLS RD.
ORANGE PARK, FL 32073



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1732198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUER, MICHAEL
1910 WELLS ROAD
ORANGE PARK, FL 32073

**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)

4/30/04

000000147414

**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

05/03/04-80104-022 150.00

10. OFFICERS AND DIRECTORS

TITLE STD
NAME BAUER, BARBARA
STREET ADDRESS 1910 WELLS ROAD
CITY- ST- ZIP ORANGE PARK, FL 32073

TITLE V
NAME BAUER, MICHAEL-PAUL
STREET ADDRESS 1910 WELLS ROAD
CITY- ST- ZIP ORANGE PARK, FL 32073

TITLE PD
NAME BAUER, MICHAEL
STREET ADDRESS 1910 WELLS ROAD
CITY- ST- ZIP ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

Michael Bauer

MICHAEL BAUER

Date

4/30/04

Daytime Phone #

904 269-1213