2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL NEPUNI (AN)					Feb 16, 2005 8:00 am			
DOCUMENT # 127175 1. Entity Name					Sec	cretary	of Stat	te
MACINTOSH LINEN & UNIFORM RENTAL, INC.					02-	16-2005 9004	12 045 ***150.0	0
Principal Plac	e of Business	Mailing Address						
1202 ALLEN ST ALLENTOWN PA 18102 1202 ALLEN ST ALLENTOWN PA 18102							. 2001	6156
US							Bibli bibli bibli bibli bibli billi bi	
2. Principal Place of Business 2255 City Line Road 3. Mailing Address 2755 City Line				e e				
Suite, Apt. #, etc. Suite, Apt. #, etc.			,,,,		1st MO	ORE CF	R2E034 (10/04)	
City & State	Tehen PA	City & State Ale hem PA			4. FEI Number 59-6065110 Applied For Not Applicable			
Zip/80	Country US A	Zip 18017 Country A			5. Certificate of Status Desired S8.75 Additional Fee Regulred			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
פעוו	NINED LATOVON E							
SKINNER, HALCYON E. 3300 BARNETT CENTER 50 NORTH LAURA STREET				treet Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32202								
			City				FL Zip Coo	de
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 tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Signature (NOTE: Registered Agent signature required when reinstating)								
FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	ALK WODERCKE	11.	ADI	DITIONS/CHA	NGES TO OFFICE	ERS AND DIRECTOR	3S IN 11
TITLE	TSD	☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS	GEHRING, CHARLES F. 1202 ALLEN ST		NAME STREET ADDRESS	2255 (ty Line	Road		
CITY-ST-ZIP	ALLENTOWN PA		CITY-ST-ZIP	Be fle G	ity Line	(&c 17	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME	PD RODGERS, JAMES J.	☐ Delete	TITLE NAME				☐ Change	☐ Addition
	1202 ALLEN ST		STREET ADDRESS	2255	cofy Lo	ne kood		
CITY-ST-ZIP	ALLENTOWN PA		CITY-ST-ZIP		hen, PA			
TITLE NAME	VD RODGERS JR, JAMES J	☐ Delete	THILE NAME		C147 614		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1202 ALLEN ST ALLENTOWN PA		STREET ADDRESS CITY-ST-ZIP	2255	hen 1A	(Road	•	
TITLE	VPD	☐ Delete	TITLE	DE MIT	~~ , <i>(~</i>	(.45)	Change	Addition
NAME STREET ADDRESS	RODGERS, BRIAN L 1202 ALLEN STREET		NAME STREET ADDRESS	1155 (f. 6:20	Rud		
CITY-ST-ZIP	ALLENTOWN PA	. <u>.</u> .	CITY-ST-ZIP	Belle	hen, 14	18017	<u></u>	
TITLE NAME	D BRODERICK, C. ROBERT	☐ Detete	TITLE NAME				Change	Addition
STREET ADDRESS	1202 ALLEN STREET		STREET ADDRESS	1255 (efy Line	Lead		
CITY-ST-ZIP	ALLENTOWN PA	D Dates	CITY-ST-7IP	13,14,44	icu, PA	(B017	Change	Addition
NAME .	RODGERS, ELIZABETH	☐ Delete	NAME			1		
STREET ADDRESS CITY-ST-ZIP	1202 ALLEN STREET ALLENTOWN PA		STREET ADDRESS CITY-ST-ZIP	2155 C	in DA	18017		
12. I hereby	Leartify that the information supplied with learning report or supplemental report is	1 this filing does not qualify for the strue and accurate and that my	e exemption state	ted in Section	119.07(3)(i), Flo	orida Statutes. I fu	arther certify that the	information er or director
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: C.F. Gehring Sucicking Truspector						29.05	Cra . F C7.	.6713
J. W. 1711	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	•		Date	Daytime Phone if	

FILED