


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 127175 1. Entity Name MACINTOSH LINEN & UNIFORM RENTAL, INC. |  |
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| Principal Place of Business 2255 CITY LINE ROAD BETHLEHEM, PA 18017 US | Mailing Address 2255 CITY LINE ROAD BETHLEHEM, PA 18017 US |
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04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 59-6065110 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

SKINNER, HALCYON E.
3300 BARNETT CENTER
50 NORTH LAURA STREET
JACKSONVILLE, FL 32202

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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 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 | PD RODGERS, JAMES J. 2255 CITY LINE ROAD BETHLEHEM, PA 18017 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RODGERS JR, JAMES J 2255 CITY LINE ROAD BETHLEHEM, PA 18017 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD RODGERS, BRIAN L 2255 CITY LINE ROAD BETHLEHEM, PA 18017 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRODERICK, C. ROBERT 2255 CITY LINE ROAD BETHLEHEM, PA 18017 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODGERS, ELIZABETH 2255 CITY LINE ROAD BETHLEHEM, PA 18017 |
| 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 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:  **4-2-08** **610-867-6773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #