

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 173103**  
 1. Entry Name  
 ACTON UNIFORM CO., INC. OF FLORIDA



Principal Place of Business      Mailing Address  
 1607 N E 2ND AVE                      1607 N E 2ND AVE  
 MIAMI, FL 33132                          MIAMI, FL 33132

**DO NOT WRITE IN THIS SPACE**



01282004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-0771841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 MOSS, HUGH  
 15034 SW 153 AVE  
 MIAMI, FL 33196

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

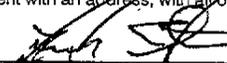
**9.** Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

000000066590  
 02/26/04-80021-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, HUGH 15034 SW 153 AVE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOSS, ANDREW 434 MINOMA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSS, EDWARD 201 S. BISCAYNE BLVD. 24TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:**  Hugh Moss      02/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #