

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90325 050 ***150.00



DOCUMENT # 301852
 1. Entity Name
 LIFE UNIFORM COMPANY OF FLORIDA

Principal Place of Business: 424 SOUTHWOODS MILL RD. CHESTERFIELD MO 63017-3406 US
 Mailing Address: 424 SOUTHWOODS MILL RD ST LOUIS MO 63017-3406 US



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: 59-1116101
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: VD NAME: HUBBLE, D.W. STREET ADDRESS: 424 S WOODS MILL RD CITY-ST-ZIP: CHESTERFIELD MO 63017	<input type="checkbox"/> Delete
TITLE: P NAME: RAAB, DENIS R STREET ADDRESS: 424 S WOODS MILL RD CITY-ST-ZIP: CHESTERFIELD MO 63017-3406	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: FREY, STEVEN L STREET ADDRESS: 424 S WOODS MILL RD. CITY-ST-ZIP: CHESTERFIELD MO 63017-3406	<input type="checkbox"/> Delete
TITLE: AT NAME: ARMSTRONG, T. M. STREET ADDRESS: 424 S WOODS MILL RD. CITY-ST-ZIP: CHESTERFIELD MO	<input checked="" type="checkbox"/> Delete
TITLE: AST NAME: SHAFFER, JAMES W STREET ADDRESS: 424 S WOODS MILL RD. CITY-ST-ZIP: CHESTERFIELD MO 63017-3406	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: NONE CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Life Uniform Co. of Florida By: *Stacy Levy* Secretary 4/26/04 (314) 854-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #