


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90018 050 \*\*\*150.00

<b>DOCUMENT # 422604</b> 1. Entity Name <b>UNIFORM CITY, U.S.A., INC.</b>					
Principal Place of Business <b>4045 W. KENNEDY BLVD. TAMPA, FL 33609 US</b>			Mailing Address <b>2132 KRATKY ROAD SAINT LOUIS, MO 63114 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1453866</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LINN, STEPHEN D 4601 W. COMANCHE AVENUE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CEO Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James Rudd 2132 Kratky Road St. Louis, Mo 63114</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINN, CONSTANCE E 4601 W. COMANCHE AVENUE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael Gillen 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LINN, JEFFREY N 4601 W. COMANCHE AVENUE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Matthew Garff 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LINN, CRAIG 4601 W. COMANCHE AVENUE TAMPA, FL 37614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Director Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mark Kuchenrither 5200 Town Center Circle, Suite 470 Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO VANDERWAL, RICK 2132 KRATKY ROAD SAINT LOUIS, MO 63114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>M. Steven Liff 5200 Town Center Circle Suite 470 Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael McConvery 5200 Town Center Circle Suite 470 Boca Raton, FL 33486</b>	
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.					
<b>SIGNATURE:</b> <i>Rick Vanderwal</i>			<b>CFO</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/10/08</b> Daytime Phone # <b>(314)824-2950</b>		