2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# 835514

Entity Name: RIVERSIDE UNIFORM RENTALS, INC.

Current Principal Place of Business:

11TH STREET, S.W.
P. O. BOX 460
MOULTRIE, GA 317760460 US

New Principal Place of Business:

Current Mailing Address:

11TH STREET, S.W.
P. O. BOX 460
MOULTRIE, GA 317760460 US

New Mailing Address:

FEI Number: 58-0833108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PDC	( ) Delete
Name:	VEREEN, WILLIAM J	
Address:	21 DOGWOOD DRIVE	
City-St-Zip:	MOULTRIE, GA 31768	
Title:	VD	( ) Delete
Name:	VEREEN, HARVEY B	
Address:	2099 GA HWY 37 EAST	
City-St-Zip:	MOULTRIE, GA 31768	
Title:	VD	( ) Delete
Name:	VEREEN, BARBARA B	
Address:	1146 SOUTH MAIN STREET	
City-St-Zip:	MOULTRIE, GA 31768	
Title:	VS	( ) Delete
Name:	KING, CHARLES J	
Address:	813 GA HIGHWAY 111	
City-St-Zip:	MOULTRIE, GA 31768	
Title:	VT	( ) Delete
Name:	TUCKER, WILLIAM N	
Address:	25 WIREGRASS CIRCLE	
City-St-Zip:	MOULTRIE, GA 31768	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES J. KING MR. 04/11/2006

Electronic Signature of Signing Officer or Director — Date