2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# J08240

Entity Name: LINN UNIFORMS OF FLORIDA, INC.

Current Principal Place of Business:

1243 E. COLONIAL DRIVE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

4601 W. COMANCHE AVENUE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-2660567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHANNON, JEFFREY C
501 EAST BISCAYNE BLVD
SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SHANNON, JEFFREY C
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602 US

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: 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LINN, STEPHEN D.,
Address: 4601 COMANCHE AVE
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: LINN, CONSTANCE E.,
Address: 4601 W COMANCHE AVE
City-St-Zip: TAMPA, FL 33614

Title: VPD ( ) Delete
Name: LINN, JEFFREY N.,
Address: 4601 COMANCHE AVE
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: LINN, CRAIG
Address: 4601 W COMANCHE AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: LINN, STEPHEN D.,
Address: 4601 COMANCHE AVE
City-St-Zip: TAMPA, FL 33614

Title: S (X) Change ( ) Addition
Name: LINN, CONSTANCE E
Address: 4601 W COMANCHE AVE
City-St-Zip: TAMPA, FL 33614

Title: DVP (X) Change ( ) Addition
Name: LINN, JEFFREY N
Address: 4601 COMANCHE AVE
City-St-Zip: TAMPA, FL 33614

Title: DVP (X) Change ( ) Addition
Name: LINN, CRAIG
Address: 4601 W COMANCHE AVE
City-St-Zip: TAMPA, FL 33614

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: CRAIG LINN DVP 05/01/2006
Electronic Signature of Signing Officer or Director Date