2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

	AIIIIOAI	1121 0111		— Secretary of State		
DOCUMENT # J08240 1. Entity Name LINN UNIFORMS OF FLORIDA, INC.				05-03-2007 90033 008 ***150.00		
Principal Plac	e of Business	Mailing Address		. 0010		
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1243 E. COLONIAL DRIVE ORLANDO, FL 32803 US FAMPA, FL 33614				*		
OKEMIDO, II	L 32003 03					
				P ICONNO ENT COROL IDRIO ILON ENDR DUR BIDII CIDII CIDII DICH DICH BICH ÂIÒIFOR II IÒÒI		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address						
			Ku Road	A TO THE PARTY POINT POINT POINT (SELECTION OF THE PROPERTY OF		
Suite, Apt. #, etc.		2132 Kratky Road.		-		
	.,		-	04252007 Chg-P CR2E034 (12/06)		
City & Stat	е	City & State		4. FEI Number Applied For		
	-	St. Louis,	MO	59-2660567 Not Applicable		
Zip	Country	 	Country			
2.6	Coorney	** 63u4 `	St. Louis	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current		31. COW.	7. Name and Address of New Registered Agent		
	o. Halle and Addition of Carrein	Togistelde Agent	Name	1. Name and Address of Non-Registered Agent		
CTCORP	OPATION SYSTEM		Traine			
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM			Street Addre	ress (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND RD				, i i		
	ION, FL 33324					
	,					
			City	FL Zip Code		
8. The above	named entity submits this statement fo	the purpose of changing its reg	istered office or rec	gistered agent, or both, in the State of Florida. I am familiar with, and accept		
	tions of registered agent. •	papaca a. aagga .ag		guidence agoni, or both, in the blate or harda. Yan tantaa man, and aboopt		
_						
SIGNATURE.						
	Signature, typed or printed name of registered agent	and tide if applicable. (NOTE: Rec	gistered Agent signature re	equired when reinstating) DATE		
		9 Floation Compaign	Financiaa	# E 00		
	E NOW!!! FEE IS \$150.00	9. Election Campaign I Trust Fund Contribu		\$5.00 May Be Added to Fees		
Atter W	ay 1, 2007 Fee will be \$550.0	JU ITEST GALCONAISE		Added to 1 003		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LINN, STEPHEN D.	E beleic	NAME			
STREET ADDRESS	4601 COMANCHE AVE		STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP			
	s					
TITLE	1 -	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LINN, CONSTANCE É		NAME			
STREET ADDRESS	4601 W COMANCHE AVE		STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP			
TITLE	DVP	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LINN, JEFFREY N		NAME			
STREET ADDRESS	4601 COMANCHE AVE		STREET ADDRESS			
CITY-\$T-ZIP	TAMPA, FL 33614		CITY-ST-ZIP			
TITLE	DVP	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LINN, CRAIG		NAME	_ , _		
STREET ADDRESS	4601 W COMANCHE AVE		STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE V	✓P □ Change 🗖 Addition		
NAME		- Delete	NAME 12	Robert Robert		
STREET ADDRESS			STREET ADDRESS	Buzzell, Robert		
CITY-ST-ZIP			CITY-ST-ZIP	2132 Kratky Road St. Louis, Mo 63111		
			I			
TITLE		☐ Delete	TITLE	vanderwal Richard □ Change 🖾 Addition		
NAME			NAME V	vanderwal Richard		
STREET ADDRESS	1		STREET ADDRESS	2132 Kratky Road St. Louis, MO 63114		
CITY-ST-ZIP	1		CITY-ST-ZIP	ALTA INFOLLING KUADI ST. LOTHIS, ITU O SILY		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

430/07

(314)824-2950

Daytime Phone #