


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90018 049 \*\*\*150.00

<b>DOCUMENT # J08240</b> 1. Entity Name: <b>LINN UNIFORMS OF FLORIDA, INC.</b>					
Principal Place of Business <b>1243 E. COLONIAL DRIVE ORLANDO, FL 32803 US</b>			Mailing Address <b>2132 KRATKY RD. SAINT LOUIS, MO 63114</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2660567</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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	DPT LINN, STEPHEN D. 4601 COMANCHE AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President CEO Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James Ruda</b> <b>2132 Kratky Road</b> <b>St. Louis, MO 63114</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINN, CONSTANCE E 4601 W COMANCHE AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael Gillen</b> <b>5200 Town Center Circle, STE 470</b> <b>Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LINN, JEFFREY N 4601 COMANCHE AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Matthew Garff</b> <b>5200 Town Center Circle, STE 470</b> <b>Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LINN, CRAIG 4601 W COMANCHE AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Assistant Secretary Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mark Kuchenrither</b> <b>5200 Town Center Circle, STE 470</b> <b>Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUZZELL, ROBERT 2132 KRATKY RD. SAINT LOUIS, MO 63114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>M. Steven Liff</b> <b>5200 Town Center Circle, STE 470</b> <b>Boca Raton, FL 33486</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BANDERWAL, RICHARD <i>Vandernal</i> 2132 KRATKY RD. SAINT LOUIS, MO 63114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael McConvery</b> <b>5200 Town Center Circle, STE 470</b> <b>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>Rob Vand</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>CFO</b> <b>4/10/08</b> <b>(314)824-2950</b> <small>Date Daytime Phone #</small>		