## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67971

Entity Name: HELLEN'S UNIFORM SHOP, INC.

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1862 THOMASVILLE RD 1862 THOMASVILLE ROAD TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

1862 THOMASVILLE RD

TALLAHASSEE, FL 32303 US

FEI Number: 59-2874035 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GLEATON, CALVIN C GLEATON, CALVIN C VP

1862 THOMASVILLE RD

TALLAHASSEE, FL 32303 US

GLEATON, CALVIN C VP

1862 THOMASVILLE RD

TALLAHASSEE, FL 32303 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: CALVIN C. GLEATON 04/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: GLEATON, CALVIN C
Address: 1862 THOMASVILLE RD

Title: D (X) Change () Addition
Name: GLEATON, CALVIN C
Address: 1862 THOMASVILLE RD

 Address:
 1862 THOMASVILLE RD
 Address:
 1862 THOMASVILLE RD

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GLEATON, ANN D
 Name:
 GLEATON, ANN D

 Address:
 1862 THOMASVILLE RD
 Address:
 1862 THOMASVILLE RD

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify 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: CALVIN C. GLEATON VP 04/18/2008