## **2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

DOCUMENT # M83772  1. Entity Name  THE UNIFORM SHOP OF VERO BEACH, INC.			Mar 25, 2005 08:00 AN Secretary of State
THE BIAN CHANGING OF VEHICLE	O11, 1140.		
Principal Place of Business	Mailing Address		<del> </del>
835 B20TH PLACE	835 B20TH PLACE		
VERO BEACH FL 32960	VERO BEACH FL 329 US	960	I INDIANAN KAT INKAN KIKI INDIA KATI BAN DIAN ANDI BANK AKBI AKBI ANDI BANKAN BARINDA IN BERK
2. Principal Place of Business	3. Mailing Address		
Suite, Apt #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State	City & State		4. FEI Number 65-0056327 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
POLK, WILLIAM D		ļ	7
835 B 20TH PLACE VERO BEACH FL 32960		Street Add	Iress (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
8. The above named entity submits this statement for	the purpose of changing it	s registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	Ti		2/-//
SIGNATURE Signature, typed or printed name of registered agont a	and title if applicable [NO	TE Registered Agent signature	required when reinstating)  DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10. OFFICERS AND	DIRECTORS .	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
HILE PD	☐ Delete	TITLE	Change Addition
NAME POLK, WILLIAM D. STREFT ADDRESS 170 15TH AVE	i	NAME STREET ADDRESS	U00000276234
CITY ST-ZIP VERO BEACH FL		CITY-\$1-ZIP	03/25/05-80033-006 150. <b>00</b>
IIIIf SD	Delete	Tett f	☐ Change ☐ Addition
NAME POLK, PATRICIA E.  GIFFET ADDRESS 170 15TH AVE	•	NAME CIRCLI ADDRESS	
CHY-SI-ZIP VERO BEACH FL		CHY-ST-7IP	
MILE	☐ Delete	ILT) i	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY ST ZIP		CHY-SI-ZiP	
UIQ	☐ Delete	τιτιε	☐ Change ☐ Addition
NAME		NAME	
STRECT ADDRESS ( City-St-Zip		STREET ADDRESS CITY ST-ZIP	
11EFF	☐ Delete	THE	☐ Change ☐ Addition
NAMI		NAME	
STREET ADDRESS  CITY-ST-ZIP		STHEET ADDRESS CITY-ST-ZIP	
Inte	☐ Delete	tatt	Change Addition
NAME		NAMÉ	
STREET ADDRESS CITY STIZIP		STREFT ADDRESS CHY ST-ZIP	
<del></del>	this filing does not qualify to		in Section 119 07/31/D. Florida Statutes I further certify that the information
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), 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.			
SIGNATURE: William Noth Theult 3/23/05 772-562-1999			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**