

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90074 037 \*\*\*150.00

DOCUMENT # M83772			
1. Entity Name THE UNIFORM SHOP OF VERO BEACH, INC.			
Principal Place of Business 976 14TH LANE VERO BEACH FL 32960 US		Mailing Address Y976 14TH LANE VERO BEACH FL 32960 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 976 14TH LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State VERO BEACH, FL	
Zip	Country	Zip	Country
		32960	
4. FEI Number 65-0056327		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POLK, WILLIAM D 835 B 20TH PLACE VERO BEACH FL 32960		Name POLK, WILLIAM D. Street Address (P.O. Box Number is Not Acceptable) 976 14TH LANE City VERO BEACH FL Zip Code 32960	
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 <i>William D. Polk (William D. Polk)</i>		DATE 4/27/07	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD POLK, WILLIAM D. 170 15TH AVE VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD POLK, PATRICIA E. 170 15TH AVE VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
SIGNATURE: <i>William D. Polk (William D. Polk, Pres)</i>		DATE: 4/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
		772 562 1999	
		Caring Phone #	