


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000029739
 1. Entity Name
 ALLWAYS MCCAFFERTY'S UNIFORMS, INC.



Principal Place of Business Mailing Address
 6399 HAINS RD 6399 HAINS RD
 ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 01-0617152 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCCAFFERTY, WILLIAM
 5925 15TH WAY N
 ST PETERSBURG, FL 33703

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCCAFFERTY, WILLIAM
STREET ADDRESS	5925 15TH WAY N
CITY - ST - ZIP	ST PETERSBURG, FL 33703
TITLE	DS
NAME	MCAFFERTY, LORNA T
STREET ADDRESS	6401 20TH ST N
CITY - ST - ZIP	ST PETERSBURG, FL 33702
TITLE	DV
NAME	MCAFFERTY, WILLIAM II
STREET ADDRESS	6401 20TH ST N
CITY - ST - ZIP	ST PETERSBURG, FL 33702
TITLE	DT
NAME	MCAFFERTY, BONNIE
STREET ADDRESS	5925 15TH WAY N
CITY - ST - ZIP	ST PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 02/03/05-80019-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 J. McCafferty PRESIDENT 1/31/05 727-544-0670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #