


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000029739 1. Entity Name ALLWAYS MCCAFFERTY'S UNIFORMS, INC.	
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Principal Place of Business 6399 HAINS RD ST PETERSBURG, FL 33702	Mailing Address 6399 HAINS RD ST PETERSBURG, FL 33702
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0617152	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCAFFERTY, WILLIAM 5925 15TH WAY N ST PETERSBURG, FL 33703	DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000810221
 02/08/08-80056-008 150.00

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

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: William J. McCafferty 1/29/08 727/544-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #