

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029739

FILED
Jan 20, 2009
Secretary of State

Entity Name: ALWAYS MCCAFFERTY'S UNIFORMS, INC.

Current Principal Place of Business:

6399 HAINS RD
ST PETERSBURG, FL 33702

New Principal Place of Business:

6399 HAINES RD
ST PETERSBURG, FL 33702

Current Mailing Address:

6399 HAINS RD
ST PETERSBURG, FL 33702

New Mailing Address:

6399 HAINES RD
ST PETERSBURG, FL 33702

FEI Number: 01-0617152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAFFERTY, WILLIAM
5925 15TH WAY N
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCCAFFERTY, WILLIAM
Address: 5925 15TH WAY N
City-St-Zip: ST PETERSBURG, FL 33703

Title: DS (X) Delete
Name: MCAFFERTY, LORNA T
Address: 6401 20TH ST N
City-St-Zip: ST PETERSBURG, FL 33702

Title: DV (X) Delete
Name: MCAFFERTY, WILLIAM II
Address: 6401 20TH ST N
City-St-Zip: ST PETERSBURG, FL 33702

Title: DT () Delete
Name: MCAFFERTY, BONNIE
Address: 5925 15TH WAY N
City-St-Zip: ST PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM MCCAFFERTY

DP

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date