

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000070558

1. Entity Name  
CATHY'S UNIFORMS & MORE, INC.



Principal Place of Business  
1009 SW MAIN BLVD  
SUITE 135  
LAKE CITY, FL 32025

Mailing Address  
1009 SW MAIN BLVD  
SUITE 135  
LAKE CITY, FL 32025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

04-3688982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARD, TOWNSEND, CATHY  
ROUTE 12, BOX 403  
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name RICHARDS, TOWNSEND, CATHY

Street Address (P.O. Box Number is Not Acceptable)

415 SE RICHARDS GLEN

LAKE CITY

City

FL

Zip Code

32025

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

Cathy Richards

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-31-04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RICHARDS, TOWNSEND, CATHY  
CITY-ST-ZIP ROUTE 12, BOX 403  
LAKE CITY, FL 32025

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RICHARDS, TOWNSEND, CATHY  
CITY-ST-ZIP ROUTE 12, BOX 403  
LAKE CITY, FL 32025

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RICHARDS, JAMES R  
CITY-ST-ZIP ROUTE 12, BOX 403  
LAKE CITY, FL 32025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 415 SE RICHARDS GLEN  
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 415 SE RICHARDS GLEN  
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Cathy Richards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-04

DATE

386-755-2563

DAYTIME PHONE #

FILED

04 OCT -4 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

