


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90021 047 ***150.00

DOCUMENT # P04000047929 1. Entity Name CEE US 1ST UNIFORM COMPANY, INC.					
Principal Place of Business 3857 HOPKINS ST PENSACOLA, FL 32505			Mailing Address 3857 HOPKINS ST PENSACOLA, FL 32505		
2. Principal Place of Business 119 LURTON ST Suite, Apt. #, etc. PENSACOLA, FLORIDA City & State		3. Mailing Address 966 VESTAVIA WAY Suite, Apt. #, etc. GULF BREEZE, FLORIDA City & State			
Zip 32505	Country ESCAMBIA	Zip 32563	Country SANTA ROSA	4. FEI Number 36-4549271	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCNAIR, DARYL S 6504 GREENWELL STREET PENSACOLA, FL 32526			7. Name and Address of New Registered Agent Name JOHN SEPULVEDA Street Address (P.O. Box Number is Not Acceptable) 966 VESTAVIA WAY City GULF BREEZE FL Zip Code 32563		
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 <u><i>John Sepulveda</i></u> DATE <u>3/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	D SEPULVEDA, JOHN 966 VESTAVIA WAY GULF BREEZE, FL 32563 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN SEPULVEDA 966 VESTAVIA WAY GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAIR, DARYL S 6504 GREENWELL ST PENSACOLA, FL 32526 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u><i>John Sepulveda</i></u> J. SEPULVEDA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/28/06</u> Daytime Phone # <u>850-324-4554</u>		