



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90044 013 \*\*\*158.75

<b>DOCUMENT # P04000136060</b> 1. Entity Name <b>ONE SOURCE MEDICAL WEAR, INC.</b>					
Principal Place of Business <b>720 E 17TH STREET ENT PALMETTO, FL 34221</b>			Mailing Address <b>10553 EGRET HAVEN LANE RIVERVIEW, FL 33569</b>		
2. Principal Place of Business Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>720 E - 17TH STREET EAST</b> <b>E</b> Suite, Apt. #, etc.  City & State <b>PALMETTO, FL</b> Zip      Country <b>34221      FLORIDA</b>		<b>50024588</b> 	
4. FEI Number <b>87-0733963</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>GRUYON, SHERMATIE C 10553 EGRET HAVEN LANE RIVERVIEW, FL 33569</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <input checked="" type="checkbox"/> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>GRUYON, SHERMATIE C</b> <b>10553 EGRET HAVEN LANE</b> <b>RIVERVIEW, FL 33569</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>GRUYON, SHERMATIE C</b> <b>720 E - 17TH STREET EAST</b> <b>PALMETTO, FL 34221</b>	<input checked="" 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
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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.					
<b>SIGNATURE: <i>Shermatie C Gruyon</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7/24/06      941-721-7003</b> <small>Date      Daytime Phone #</small>		