

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000033414

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** SPECIALTY UNIFORMS & MORE INC

**Current Principal Place of Business:**

1606 13TH STREET  
ST CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

1606 13TH STREET  
ST CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 26-4671712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICKELSON, PATSY J  
1608 13TH STREET  
ST CLOUD, FL 34769 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: P  
Name: MICKELSON, PATSY J  
Address: 1606 13TH STREET  
City-St-Zip: ST CLOUD, FL 34769

Title: VP  
Name: MICKELSON, LARRY L VP  
Address: 1606 13TH STREET  
City-St-Zip: ST CLOUD, FL 34769

I hereby 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 all other like empowered.

**SIGNATURE:** PATSY JOAN MICKELSON

PRES

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date