

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000060402

Entity Name: IP UNIFORMS INC

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5732 NORMANDY BLVD  
SUITE 6  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 441233  
JACKSONVILLE, FL 32222

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWSOME, ANNETTE  
5732 NORMANDY BLVD  
6  
JACKSONVILLE, FL 32205 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JACKSON, FANNIE L  
Address: PO BOX 441233  
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP  
Name: CLARK, BERNITHA A  
Address: PO BOX 441233  
City-St-Zip: JACKSONVILLE, FL 32222

Title: S  
Name: NEWSOME, ANNETTE  
Address: PO BOX 441233  
City-St-Zip: JACKSONVILLE, FL 32222

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: FANNIE JACKSON

P

04/15/2011

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

\_\_\_\_\_  
Date