

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90031 017 \*\*\*150.00

**DOCUMENT # P96000023890**

1. Entity Name  
**SCHOOL DAZE UNIFORMS, INC.**



Principal Place of Business

**1803 N.E. 2 AVENUE  
MIAMI, FL 33132**

Mailing Address

**POST OFFICE BOX 16842  
MIAMI, FL 33101**

**00066034**



09062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0654902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LAWHORN, RITA  
1920 N.W. 107 STREET  
MIAMI BEACH, FL 33167**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10: OFFICERS AND DIRECTORS**

TITLE	P
NAME	LAWHORN, RITA
STREET ADDRESS	1920 N.W. 107 STREET
CITY - ST - ZIP	MIAMI, FL 33167

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/6/07 (305) 373-2665**  
Date Daytime Phone #

ATTACHMENT # 50066034  
P96000023890

**School Daze Uniforms, Inc.**  
Wholesale/Retail/Manufacturers

**Rita Lawhorn, President**  
rlawhorn03@bellsouth.net

September 6, 2005

- . Division of Corporations
- . P.O. Box 6198
- . Tallahassee, FL 32314
- . **RE: ANNUAL FEE**

Dear Sir/Madame,

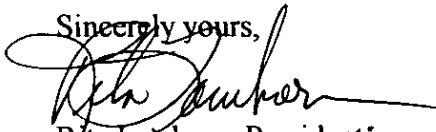
I am writing this letter in regards to my Corporate Fee for 2005. I did not receive my forms from you for 2005. I went online and made a correction to my mailing address in May 2005, you had my address as Miami Beach, Florida.

After I corrected the error, I could not make the fee payment online, and was instructed that I had until September 7, 2005 to make the payment in the amount of \$150.00. But when I downloaded the form it stated that I owed \$550.00.

I have enclosed the \$150.00, as instructed in May of this year. Also I hope you will accept my payment through regular mail, which is postmarked today, September 6, 2005. Due to hurricane Katrina, my lights were out, and I could not get in touch with your office, and could not go online to retrieve the form.

Please, if there are any questions; please do not hesitate to contact me at your earliest convenience.

Sincerely yours,

  
Rita Lawhorn, President  
School Daze Uniforms, Inc.

RL/bh

1803 Northeast 2nd Avenue • Miami, Florida 33101 • Telephone: (305) 373-2665 • Fax: (305) 373-9956  
Email | Schooldaze1@hotmail.com

"Where Service Is The  Of Our Business"