

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90546 046 ***150.00

DOCUMENT # P99000025748 1. Entity Name FLORIDA UNIFORMS & SUPPLIES, INC.					
Principal Place of Business 3501 SW 2 AVE SUITE G GAINESVILLE, FL 32607			Mailing Address POST OFFICE BOX 455 LAKE BUTLER, FL 32054		
2. Principal Place of Business 3501 SW 2nd Ave		3. Mailing Address			
Suite, Apt. #, etc. Suite 0		Suite, Apt. #, etc.			
City & State Gainesville FL		City & State			
Zip 32607		Country USA		Zip	
Country		4. FEI Number 59-3566272			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, LILIANA 655 E MAIN STREET LAKE BUTLER, FL 32054			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD PEREZ, SALVADOR A 3505 SOUTHWEST 2ND AVENUE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Salvador A Perez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 270 NE 8th Ave Lake Butler FL 32054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEREZ, LILIANA M 3505 SOUTHWEST 2ND AVENUE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Liliana M Perez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 NE 8th Ave Lake Butler, FL 32054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, PATRICIO A 3505 SOUTHWEST 2ND AVENUE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricio Perez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 360 NE 8th Ave Lake Butler, FL 32054	
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	
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 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: <u><i>L Perez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>04-29-05</u> <u>3525384252</u> <small>Date Daytime Phone #</small>		