
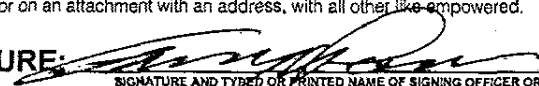


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P99000027602 1. Entity Name TOM'S WORK UNIFORMS, INC.		
Principal Place of Business 1550 WALNUT STREET CLEARWATER, FL 33765	Mailing Address 1550 WALNUT STREET CLEARWATER, FL 33765	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent POWERS, TOMMY C 1550 WALNUT STREET CLEARWATER, FL 33765		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		1100000556759 05/17/06-80023-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, TOMMY C 1550 WALNUT STREET CLEARWATER, FL 33765	DO NOT WRITE IN THIS SPACE
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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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		APR 27, 2006 727-443-3090 Date Daytime Phone #