

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90038 008 \*\*\*\*\*8.75  
03-21-2007 90031 036 \*\*\*141.25

**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**



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3566769</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>POWERS, TOMMY C 1550 WALNUT STREET CLEARWATER FL 33765</b>		7. Name and Address of New Registered Agent Name <b>Thipharot Luangamath</b> Street Address (P.O. Box Number is Not Acceptable) <b>1964 Elliott Dr.</b> City <b>Clearwater</b> FL Zip Code <b>33763</b>	
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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]* **Thipharot Luangamath** **2-9-07**  
Signature, typed or printed name of registered agent and (if not applicable) (NOTE: Registered Agent signature required when so retained) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	<b>D</b> <b>POWERS, TOMMY C</b> <b>1550 WALNUT STREET</b> <b>CLEARWATER FL 33765</b> <input checked="" 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
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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 exemptions contained in Section 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]* **Thipharot Luangamath** **2-9-07** **(727) 443-3090**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #