
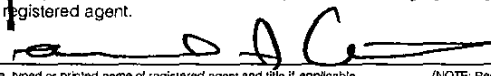
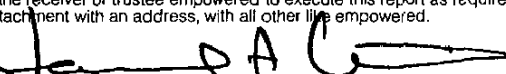


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90014 001 \*\*\*300.00

<b>DOCUMENT # S48644</b> 1. Entity Name <b>KING UNIFORM CORPORATION</b>					
Principal Place of Business <b>9009 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211</b>			Mailing Address <b>9009 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211</b>		
2. Principal Place of Business - No P.O. Box # <b>220 Ponte Vedra Park Dr</b> Suite, Apt. #, etc. <b>#160</b>		3. Mailing Address <b>220 Ponte Vedra Park Dr</b> Suite, Apt. #, etc. <b>#160</b>			
City & State <b>Ponte Vedra Beach, FL</b>		City & State <b>Ponte Vedra Beach, FL</b>			
Zip <b>32082</b>		Country <b>USA</b>		Zip <b>32082</b>	
Country <b>USA</b>		4. FEI Number <b>59-3079257</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STACKHOUSE, JENNIFER KING PROVISION CORPORATION 9009 REGENCY SQ. BLVD. JACKSONVILLE, FL 32211</b>			7. Name and Address of New Registered Agent Name <b>David Stein</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 Ponte Vedra Park Dr.</b> <b>Suite 160</b> City <b>Ponte Vedra Beach</b> <b>FL</b> Zip Code <b>32082</b>		
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  DATE <b>2/15/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, DAVID A. 9009 REGENCY SQUARE BLVD JACKSONVILLE, FL	<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	D HICKS, EDWARD F. 9009 REGENCY SQUARE BLVD JACKSONVILLE, FL	<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	V FRENCH, PAULA 9009 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211	<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	V STACKHOWE, JENNIFER 9009 REGWAY SQUARE BLVD JACKSONVILLE, FL 32211	<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	<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	<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 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 lines empowered.					
SIGNATURE: 			Date <b>2/15/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		