


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # V12782	
1. Entity Name UNIFORMS TOO, INC.	

Principal Place of Business 248A EGLIN PARKWAY NE FT. WALTON BEACH FL 32547	Mailing Address 248A EGLIN PARKWAY NE FT. WALTON BEACH FL 32547
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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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent MCNEW, CRAIG E 248A EGLIN PARKWAY NE FT. WALTON BEACH FL 32547	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 X _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	PSD MCNEW, CRAIG 248 A EGLIN PARKWAY NE FORT WALTON BEACH FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	VTD MCNEW, LAURA S 248A ENGLIN PARKWAY NE FORT WALTON BEACH FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition	000000889185 04/22/08-80043-009 150.00
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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: X Craig E. McNew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Electronic Filing # _____