

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692369

FILED  
Apr 03, 2004  
Secretary of State

Entity Name: GASPARD SHOES, INC.

**Current Principal Place of Business:**

14842-4-6 MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

14844 MILITARY TRAIL  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

14844 MILITARY TRAIL  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 59-2105283      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASPARD, GEORGE A  
5700 NW 2ND AVE, #308  
BOCA RATON, FL 33487

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GASPARD, GEORGE A,  
Address: 5700 NW 2ND AVE, #308  
City-St-Zip: BOCA RATON, FL 33487

Title: P ( ) Delete  
Name: GASPARD, GEORGE A,  
Address: 14844 MILITARY TR  
City-St-Zip: DELRAY BCH, FL 33445,

Title: V ( ) Delete  
Name: GASPARD, DIANE C,  
Address: 14844 MILITARY TR  
City-St-Zip: DELRAY BCH, FL 33445,

Title: T ( ) Delete  
Name: GASPARD, GEORGE A,  
Address: 14844 MILITARY TR  
City-St-Zip: DELRAY BCH, FL 33445,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE A GASPARD

P

04/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date