

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90560 022 ***150.00

DOCUMENT # F96000005265

1. Entity Name
SHOE CARNIVAL, INC.



Principal Place of Business
**8233 BAUMGART ROAD
EVANSVILLE, IN 47725**

Mailing Address
**8233 BAUMGART ROAD
EVANSVILLE, IN 47725**



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1736614

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	WEAVER, WAYNE J
STREET ADDRESS	8233 BAUMGART ROAD
CITY-ST-ZIP	EVANSVILLE, IN 47725
TITLE	PCEO
NAME	LEMOND, MARK L
STREET ADDRESS	8233 BAUMGART ROAD
CITY-ST-ZIP	EVANSVILLE, IN 47725
TITLE	V
NAME	BAKER, TIMOTHY T
STREET ADDRESS	8233 BAUMGART ROAD
CITY-ST-ZIP	EVANSVILLE, IN 47725
TITLE	VT
NAME	JACKSON, W K
STREET ADDRESS	8233 BAUMGART RD.
CITY-ST-ZIP	EVANSVILLE, IN 47725
TITLE	VS
NAME	KAPP, DAVID A
STREET ADDRESS	8233 BAUMGART RD.
CITY-ST-ZIP	EVANSVILLE, IN 47725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

4-20-05

812 867 4037