


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # F96000005265 1. Entity Name SHOE CARNIVAL, INC.	
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Principal Place of Business 8233 BAUMGART ROAD EVANSVILLE, IN 47725	Mailing Address 8233 BAUMGART ROAD EVANSVILLE, IN 47725
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04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1736614	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	C WEAVER, WAYNE J 8233 BAUMGART ROAD EVANSVILLE, IN 47725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LEMOND, MARK L 8233 BAUMGART ROAD EVANSVILLE, IN 47725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAKER, TIMOTHY T 8233 BAUMGART ROAD EVANSVILLE, IN 47725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JACKSON, W K 8233 BAUMGART RD. EVANSVILLE, IN 47725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KAPP, DAVID A 8233 BAUMGART RD. EVANSVILLE, IN 47725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/25/07-80080-025:150.00

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 like empowered.

SIGNATURE: 	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		