

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90106 007 ***150.00

DOCUMENT # H95048

1. Entity Name
TOM'S SHOE REPAIR, INC.



Principal Place of Business
**1911 DREW ST
CLEARWATER, FL 34625 US**

Mailing Address
**1911 DREW STREET
CLEARWATER, FL 34625 US**

40076444



04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2623434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PERRY, TIMOTHY J
3310 SAN JOSE STREET
CLEARWATER, FL 34619**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERRY, TIMOTHY J
STREET ADDRESS	3310 SAN JOSE DR
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	VD
NAME	PERRY, GEORGIAN D
STREET ADDRESS	3310 SAN JOSE ST
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	TD
NAME	PERRY, GEORGIANN D.
STREET ADDRESS	3310 SAN JOSE ST.
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/10/08