

## ANNUAL REPORT

DOCUMENT # J53658

1. Entity Name

THE SHOE CONNECTION #II, INC.



Principal Place of Business

995 SR 434  
SUITE 214  
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address

995 SR 434  
SUITE 214  
ALTAMONTE SPRINGS, FL 32714 USFILED  
May 05, 2004 08:00 AM  
Secretary of State

05032004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3001550

Applied For

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

## 6. Name and Address of Current Registered Agent

DRAFT, WAYNE R.  
995 SR 434  
SUITE 214  
ALTAMONTE SPRINGS, FL 32714

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, 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  
Due by September 8, 20049. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS       | CITY-ST-ZIP                 |
|-------|----------------|----------------------|-----------------------------|
| P     | DRAFT, WAYNE R | 995 SR 434 SUITE 214 | ALTAMONTE SPRINGS, FL 32714 |

|   |              |                      |                             |
|---|--------------|----------------------|-----------------------------|
| S | DRAFT, KAREN | 995 SR 434 SUITE 214 | ALTAMONTE SPRINGS, FL 32714 |
|---|--------------|----------------------|-----------------------------|

|       |      |                |             |
|-------|------|----------------|-------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|       |      |                |             |

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|-------|------|----------------|-------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|       |      |                |             |

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|-------|------|----------------|-------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|       |      |                |             |

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|-------|------|----------------|-------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|       |      |                |             |

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and 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 #