# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # J94400

1. Entity Name THE SHOE FASHIONS, INC.



Principal Place of Business

8896 N. FLORIDA AVENUE TAMPA, FL 33604

Mailing Address

8896 N. FLORIDA AVENUE TAMPA, FL 33604

## **FILED** Apr 30, 2007 08:00 A Secretary of State



### DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01232007 No Chg-P

Applied For 4. FEI Number 59-2846204 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

JOYCE, JERRY, L. 204 N MARDILL AVE TAMPA, FL 33609

### DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with	n, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered	Agent signature required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			sing \$5.00 May Be Added to Fees	05/18/07-80046-021 150.00		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APOCKOTOS, DEAN P. 4416 W. CARMEN STREET TAMPA, FL			•	No trace	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APOCKOTOS, DEBORAH H. 4416 W. CARMEN STREET TAMPA, FL					
NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
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, withall other like empowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR