

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # L42421 1. Entity Name ED'S SHOE REPAIR OF PASCO, INC.

Principal Place of Business 6634 RIDGE RD PORT RICHEY, FL 34668	Mailing Address 6634 RIDGE RD PORT RICHEY, FL 34668
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2988905	Applied For 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 HNILICA, JOHN L. 11310 CHICAGO AVENUE NEW PORT RICHEY, FL 34654
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**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 _____ (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

000000363473
05/05/05-80155-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HNILICA, JOHN L. 11310 CHICAGO AVE NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HNILICA, EDYTHE M. 11310 CHICAGO AVE NEW PORT RICHEY, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: John L. Hnilica 4/28/05 (727) 842-7693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #