


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L48523 1. Entity Name BOUCHARD SHOE TINTING SPECIALIST, INC.	
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Principal Place of Business 11556 TAMIAMI TRAIL EAST NAPLES FL 34113	Mailing Address 11556 TAMIAMI TRAIL EAST NAPLES FL 34113
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MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0168679	<input type="checkbox"/> 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	7. Name and Address of New Registered Agent
BOUCHARD, EDGAR 2 CHEROKEE TRAIL NAPLES FL 34113	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, EDGAR	NAME	U00000037593
STREET ADDRESS	11556 TAMIAMI TRAIL EAST	STREET ADDRESS	02/06/04-80104-020 150.00
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, KARYNE	NAME	
STREET ADDRESS	11556 TAMIAMI TRAIL EAST	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, ANICK	NAME	
STREET ADDRESS	11556 TAMIAMI TRAIL EAST	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, SONIA	NAME	
STREET ADDRESS	11556 TAMIAMI TRAIL EAST	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, RACHEL	NAME	
STREET ADDRESS	11556 TAMIAMI TRAIL EAST	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: Rachel Bouchard Date: Feb. 03-04 Daytime Phone #: 239-732-7057