

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90004 048 \*\*\*150.00

**DOCUMENT # L48523**  
 1. Entity Name  
**BOUCHARD SHOE TINTING SPECIALIST, INC.**



Principal Place of Business  
**11556 TAMiami TRAIL EAST  
 NAPLES, FL 34113**

Mailing Address  
**11556 TAMiami TRAIL EAST  
 NAPLES, FL 34113**

10014003

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**204 CAPE SABLE**  
 Suite, Apt. #, etc.



01212005 Chg-P CR2E034 (10/03)

City & State  
**NAPLES FL.**

Zip  
**34104**

Country  
**U.S.A.**

4. FEI Number  
**65-0168679**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BOUCHARD, EDGAR**  
~~204 CHEROKEE TRAIL~~ **204 CAPE SABLE**  
**NAPLES, FL 34113**  
**NAPLES FL.**  
**34104**

7. Name and Address of New Registered Agent  
 Name  
**BOUCHARD EDGAR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**204 CAPE SABLE**  
 City  
**NAPLES 1 FL** Zip Code  
**34104**

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 *Edgar Bouchard* (NOTE: Registered Agent signature required when reinstating) DATE *Feb-02-05*

**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

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME BOUCHARD, EDGAR	
STREET ADDRESS 11556 TAMiami TRAIL EAST	
CITY-ST-ZIP NAPLES, FL 34113	
TITLE VP	<input type="checkbox"/> Delete
NAME BOUCHARD, KARYNE	
STREET ADDRESS 11556 TAMiami TRAIL EAST	
CITY-ST-ZIP NAPLES, FL 34113	
TITLE V	<input type="checkbox"/> Delete
NAME BOUCHARD, ANICK	
STREET ADDRESS 11556 TAMiami TRAIL EAST	
CITY-ST-ZIP NAPLES, FL 34113	
TITLE S	<input type="checkbox"/> Delete
NAME BOUCHARD, SONIA	
STREET ADDRESS 11556 TAMiami TRAIL EAST	
CITY-ST-ZIP NAPLES, FL 34113	
TITLE T	<input type="checkbox"/> Delete
NAME BOUCHARD, RACHEL	
STREET ADDRESS 11556 TAMiami TRAIL EAST	
CITY-ST-ZIP NAPLES, FL 34113	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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-02-05* (239) 732-7057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR