## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 15, 2006 8:00 am \_\_ **Secretary of State** DOCUMENT # L48523 1. Entity Name 02-15-2006 90053 029 \*\*\*150.00 BOUCHARD SHOE TINTING SPECIALIST, INC. Principal Place of Business Mailing Address 204 CAPE SABLE NAPLES FL 34104 ~~~~~<u>~~</u> 11556 TAMIAMI TRAIL EAST NAPLES FL 34113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-0168679 Not Applicable Country Zip Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOUCHARD, EDGAR Street Address (P.O. Box Number is Not Acceptable) 204 CAPE SABLE NAPLES FL 34104 Zip Code City 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, 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition Delete BOUCHARD, EDGAR NAME STREET ADDRESS STREET ADDRESS 11556 TAMIAMI TRAIL EAST CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34113 ☐ Change TITLE ☐ Delete TITLE ☐ Addition BOUCHARD, KARYNE NAME MAME STREET ADDRESS 11556 TAMIAMI TRAIL EAST STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME BOUCHARD, ANICK STREET ADDRESS STREET ADDRESS 11556 TAMIAMI TRAIL EAST CITY-ST-7IP CITY-ST-7IP NAPLES FL 34113 TITLE ☐ Delete TITLE ☐ Change Addition BOUCHARD, SONIA NAME NAME STREET ADDRESS 11556 TAMIAMI TRAIL EAST STREET ADDRESS C1TY-ST-719 NAPLES FL 34113 CITY-ST-ZIP BOUCHARD RACHEL Addition ☐ Defete TITLE TITLE BOUCHARD, RACHEL NAME NAME 11556 TamanuTRE NAPLES FL.34113 11556 TAMIAMI TRAIL EAST STREET ADDRESS STREET ADDRESS NAPLES FL 34113 CITY-ST-7IP CITY+ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CiTY-ST-ZIP

SIGNATURE

OR DIRECTOR

☐ Delete

Addition

Change