

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90223 016 ****66.25

DOCUMENT # N99000002430

1. Entity Name
STEPP'N UP SHOES, INC.



Principal Place of Business

2798 NW 27 TERRACE
BOCA RATON, FL 33434

Mailing Address

2798 NW 27 TERRACE
BOCA RATON, FL 33434

50020034



DO NOT WRITE IN THIS SPACE

01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0933483

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERLYN, DONALD L
2798 NW 27 TERRACE
BOCA RATON, FL 33434

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERLYN, ERIC
STREET ADDRESS 2798 NW 27TH TERRACE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE VPD
NAME PERLYN, AMANDA
STREET ADDRESS 2798 NW 27TH TERRACE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE STD
NAME PERLYN, MARILYN
STREET ADDRESS 2798 NW 27TH TERRACE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/05 954-973-0000