2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P01000085987 Apr 24, 2006 08:00 AN 1. Entity Name **Secretary of State** A-1 SPRING HILL SHOE REPAIR, INC. Mailing Address Principal Place of Business 6201 DELTONA BLVD SPRING HILL FL 34606 6201 DELTONA BLVD SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3740654 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOMLINSON, ROBERT H Street Address (P O Box Number is Not Acceptable) 9523 HORIZON DR SPRING HILL FL 34608 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 Signature Typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent stanguage required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME TOMLINSON, ROBERT H NAME STREET ADDRESS STREET ADDRESS 7316 TROPICAL DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 024\_150.00 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-7IP Addition THE Change TITLE Detate NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME SYREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHE ☐ Change ☐ Addition TITLE ☐ Delene NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 of 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.

752 - 596 - 477

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MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: