

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000085987

1. Entity Name  
A-1 SPRING HILL SHOE REPAIR, INC.



Principal Place of Business  
6201 DELTONA BLVD  
SPRING HILL, FL 34606

Mailing Address  
6201 DELTONA BLVD  
SPRING HILL, FL 34606

**DO NOT WRITE IN THIS SPACE**

05-01-2008 90209 022 \*\*\*150.00

**FILED  
May 01, 2008 8:00 am  
Secretary of State**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3740654	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, ROBERT H  
9523 HORIZON DR  
SPRING HILL, FL 34608

**DO NOT WRITE  
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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD  
NAME TOMLINSON, ROBERT H  
STREET ADDRESS 7316 TROPICAL DR  
CITY-ST-ZIP SPRING HILL, FL 34607

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 exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert H. Tomlinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/08 358-516-4775  
Date Daytime Phone #