

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000117628

1. Entity Name

MJM DESIGNER SHOES OF FT. MYERS, INC.



Principal Place of Business

**1830 ROUTE 130 N
TAX DEPT
BURLINGTON, NJ 08016**

Mailing Address

**1830 ROUTE 130 N
TAX DEPT
BURLINGTON, NJ 08016**



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number
60-0001908

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SEALE, WADE
25813 ROUTE 19 N.
CLEARWATER, FL 33763**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CDP
MILSTEIN, MONROE G
1830 ROUTE 130 NORTH
BURLINGTON, NJ 08016**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVP
MILSTEIN, ANDREW
1830 ROUTE 130 NORTH
BURLINGTON, NJ 08016**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVP
MILSTEIN, STEPHEN
1830 ROUTE 130 NORTH
BURLINGTON, NJ 08016**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**EVPS
TANG, PAUL C
1830 ROUTE 130 NORTH
BURLINGTON, NJ 08016**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**EVCO
NESCI, MARK A
1830 ROUTE 130 NORTH
BURLINGTON, NJ 08016**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CFO
LA PENTA, ROBERT
1830 ROUTE 130 NORTH
BURLINGTON, NJ 08016**

**U000000161749
05/28/04-80003-002 150.00**

**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)(f), Florida Statutes. I further certify that the information indicated on this report of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. LA PENTA

C.F.O.

Date

5-21-04

Daytime Phone #

609 387-7800