

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90464 034 ***150.00

(38)

40072635



04122005 Chg-P CR2E034 (10/03)

4. FEI Number **60-0001908** Applied For ☐ Not Applicable

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

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**SEALE, WADE
25813 ROUTE 19 N.
CLEARWATER, FL 33763**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CDP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILSTEIN, MONROE G			NAME			
STREET ADDRESS	1830 ROUTE 130 NORTH			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON, NJ 08016			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILSTEIN, ANDREW			NAME			
STREET ADDRESS	1830 ROUTE 130 NORTH			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON, NJ 08016			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILSTEIN, STEPHEN			NAME			
STREET ADDRESS	1830 ROUTE 130 NORTH			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON, NJ 08016			CITY-ST-ZIP			
TITLE	EVPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TANG, PAUL C			NAME			
STREET ADDRESS	1830 ROUTE 130 NORTH			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON, NJ 08016			CITY-ST-ZIP			
TITLE	EVCO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NESCI, MARK A			NAME			
STREET ADDRESS	1830 ROUTE 130 NORTH			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON, NJ 08016			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LA PENTA, ROBERT			NAME			
STREET ADDRESS	1830 ROUTE 130 NORTH			STREET ADDRESS			
CITY-ST-ZIP	BURLINGTON, NJ 08016			CITY-ST-ZIP			

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 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: C.F.O. ROBERT L. LA PENTA **609-387-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #