

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-02-2005 90513 037 \*\*\*150.00

**DOCUMENT # P02000021664**

1. Entity Name  
**SOUTHGATE SHOE REPAIR & LEATHER GOODS, INC.**



Principal Place of Business      Mailing Address  
**3800 S. TAMiami TRAIL #26-B**      **3800 S. TAMiami TRAIL #26-B**  
**SARASOTA, FL 34239**      **SARASOTA, FL 34239**

**50045164**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04232005      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**03-0395509**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**CYNN, NATALIE**  
**3800 S. TAMiami TRAIL #26-B**  
**SARASOTA, FL 34239**

**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      **D**       Delete  
NAME      **CYNN, CAROLINE**  
STREET ADDRESS      **3800 S. TAMiami TRAIL, #26-B**  
CITY-ST-ZIP      **SARASOTA, FL 34239**

TITLE       Change       Addition  
NAME      **D**  
STREET ADDRESS      **CYNN, MIONG**  
CITY-ST-ZIP       Change       Addition

TITLE       Delete  
NAME      **D**  
STREET ADDRESS      **CYN**  
CITY-ST-ZIP       Delete

TITLE       Change       Addition  
NAME      **D**  
STREET ADDRESS      **CYNN, MIONG**  
CITY-ST-ZIP       Change       Addition

TITLE       Delete  
NAME       Delete  
STREET ADDRESS       Delete  
CITY-ST-ZIP       Delete

TITLE       Change       Addition  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Delete  
NAME       Delete  
STREET ADDRESS       Delete  
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TITLE       Change       Addition  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Delete  
NAME       Delete  
STREET ADDRESS       Delete  
CITY-ST-ZIP       Delete

TITLE       Change       Addition  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

TITLE       Delete  
NAME       Delete  
STREET ADDRESS       Delete  
CITY-ST-ZIP       Delete

TITLE       Change       Addition  
NAME       Change       Addition  
STREET ADDRESS       Change       Addition  
CITY-ST-ZIP       Change       Addition

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:** Natalie Cynn      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #