

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90125 021 ***150.00

DOCUMENT # P03000044470

1. Entity Name
FLEXIBLE SHOE, INC.



Principal Place of Business Mailing Address
1846 OCEAN VILLAGE DRIVE P.O. BOX 674 **1846 OCEAN VILLAGE DRIVE P.O. BOX 674**
AMELIA ISLAND, FL 32034 **AMELIA ISLAND, FL 32034**

2. Principal Place of Business 3. Mailing Address
P.O. BOX 674 **P.O. BOX 674**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
AMELIA IS. FL **AMELIA IS. FL**
Zip Country Zip Country
32035 **NASSAU** **32035** **NASSAU**

03222006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-1183912 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BURKE, THOMAS AILBE
1846 OCEAN VILLAGE DRIVE P.O. BOX 674
AMELIA ISLAND, FL 32034

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, THOMAS AILBE	
STREET ADDRESS	1846 OCEAN VILLAGE DRIVE P.O. BOX 674	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR BURKE, NANCY	
STREET ADDRESS	1846 OCEAN VILLAGE DRIVE P.O. BOX 674	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Thomas Ailbe Burke G. Ailbe Burke 3/27/2006 904-491-5497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CO-POSITION - Nancy Taylor Burke 3/27/06