

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000122808

1. Entity Name
NATIONWIDE THERAPEUTIC SHOES, INC.



Principal Place of Business
**5674 GULF BREEZE PKWY., BLDG. C
STE. 3
GULF BREEZE, FL 32563 US**

Mailing Address
**5674 GULF BREEZE PKWY., BLDG. C
GULF BREEZE, FL 32563 US**



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2409204

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GUGLIOTTA, TONI M
2075 FOUNTAINVIEW DR.
NAVARRE, FL 32566**

**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 \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUGLIOTTA, TONI M
STREET ADDRESS	2075 FOUNTAINVIEW DR.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VP
NAME	GUGLIOTTA, GINGER R
STREET ADDRESS	2012 COSTA VERDE CT.
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000762115
05/25/07-80084-013 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONI GUGLIOTTA 5.2.07 850.232.6093

Date

Daytime Phone #