

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90006 004 \*\*\*150.00

<b>DOCUMENT # P03000132503</b> 1. Entity Name <b>SOFT SOLES INC.</b>			
Principal Place of Business <b>26357 SAVANNAH DR. BONITA SPRINGS FL 34135</b>		Mailing Address <b>26357 SAVANNAH DR. BONITA SPRINGS FL 34135</b>	
2. Principal Place of Business <b>4536 SE 14th PL</b> Suite, Apt. #, etc. <b>CAPE CORAL</b> City & State <b>FL.</b>		3. Mailing Address <b>4536 SE 14th PL</b> Suite, Apt. #, etc. <b>CAPE CORAL</b> City & State <b>FL.</b>	
Zip <b>33904</b>	Country <b>LEE</b>	Zip <b>33904</b>	Country <b>LEE</b>
4. FEI Number <b>20-0403089</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCOTT, CANDACE 26357 SAVANNAH DR. BONITA SPRINGS FL 34135</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4536 SE 14th PL</b> <b>CAPE CORAL</b> City <b>FL</b> Zip Code <b>33904</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>SCOTT, CANDACE</b> STREET ADDRESS <b>26357 SAVANNAH DR.</b> CITY-ST-ZIP <b>BONITA SPRINGS FL 34135</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>KELSEY, JACK</b> STREET ADDRESS <b>26357 SAVANNAH DR.</b> CITY-ST-ZIP <b>BONITA SPRINGS FL 34135</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Candace Scott</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/4/04 239.549-4213</b> <small>Date Daytime Phone #</small>	