

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000134570

1. Entity Name
E & J SHOE REPAIR, INCORPORATED



Principal Place of Business
4390 TAMiami TR NORTH
NAPLES, FL 34103

Mailing Address

4390 TAMiami TR NORTH
NAPLES, FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142004 Chg-P CR2E034 (10/03)

4. FEI Number

57-1187155

\$8.75 Additional
Fee Required

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, ALFRED W JR.
171 COMMERCIAL BLVD
NAPLES, FL 34104

Name

Craig T. Hupp, CPA.

Street Address (P.O. Box Number is Not Acceptable)

878 109th Ave N.

Suite #1

City Naples

FL Zip Code 34108

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

Alfred W. Clark

(NOTE: Registered Agent signature required when registering)

7/20/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BURKART, GUNTHER
STREET ADDRESS 261 21 ST SW
CITY-ST-ZIP NAPLES, FL 34117

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE S
NAME BOYD, EDWARD
STREET ADDRESS 4944 20 PL SW
CITY-ST-ZIP NAPLES, FL 34116

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
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: *Alfred W. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/04 239-732-5602

Date

Daytime Phone #

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90004 028 ***150.00

54064623

