

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2008 8:00 am
Secretary of State

05-09-2008 90011 026 ***150.00

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 57-1187155	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAIG T. HUPP, CPA, P.A. 878 109TH AVENUE NORTH SUITE #1 NAPLES FL 34108				7. Name and Address of New Registered Agent Name Gunther Burkart Street Address (P.O. Box Number is Not Acceptable) 4390 Tamiami Tr N. City Naples FL Zip Code 34103	
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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY-ST-ZIP	P BURKART, GUNTHER 261 21 ST SW NAPLES FL 34117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Gunther Burkart 4390 Tamiami TR North Naples FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYD, EDWARD 4944 20 PL SW 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 submitted with this filing does not qualify for the exemptions contained in Section 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: <u><i>Gunther Burkart</i></u> JUNE/02/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					