

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007713

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: DOCTORSFOOTSHOP.NET, P.A.

## Current Principal Place of Business:

963 LAKEVIEW DRIVE  
NORTH FORT MYERS, FL 33903

## New Principal Place of Business:

14870 LAGUNA DRIVE  
FORT MYERS, FL 33908

## Current Mailing Address:

963 LAKEVIEW DRIVE  
NORTH FORT MYERS, FL 33903

## New Mailing Address:

14870 LAGUNA DRIVE  
FORT MYERS, FL 33908

FEI Number: 57-1198268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINN, LORI LYNN  
963 LAKEVIEW DRIVE  
NORTH FORT MYERS, FL 33903 US

## Name and Address of New Registered Agent:

FINN, LORI LYNN  
14870 LAGUNA DRIVE  
FORT MYERS, FL 33908 US

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.

SIGNATURE:

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FINN, LORI LYNN  
Address: 963 LAKEVIEW DR  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: PVST ( ) Delete  
Name: FINN, MICHAEL  
Address: 963 LAKEVIEW DR  
City-St-Zip: NORTH FORT MYERS, FL 33903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FINN, LORI LYNN  
Address: 14870 LAGUNA DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: PVST (X) Change ( ) Addition  
Name: FINN, MICHAEL  
Address: 14870 LAGUNA DRIVE  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI LYNN FINN

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date