FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90143 006 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000029783

1. Entity Name
BODY & SOLE, INC.

Principal Place of Business	Mailing Address
7206 CENTRAL AVENUE C/O TRACY EMERY SAINT PETERSBURG, FL 33710	7206 CENTRAL AVENUE C/O TRACY R. EMERY SAINT PETERSBURG, FL 33710

02052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0831803 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EMERY, TRACY R
7206 CENTRAL AVENUE
SAINT PETERSBURG, FL 33710

7. Name and Address of New Registered Agent

Name: Tracy Emery
Street Address (P.O. Box Number is Not Acceptable): 8025 12th Ave. So.
City: St. Pete FL Zip Code 33707

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 ______________________ 3-7-05
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
After May 1, 2005 Fee will be $550.00

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 EMERY, TRACY R 7206 CENTRAL AVENUE SAINT PETERSBURG, FL 33710 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~GRISSINGER, JIM~~ Chissinger, James 7206 CENTRAL AVENUE SAINT PETERSBURG, FL 33710 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______________________ 3-07-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #