

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90243 031 ***150.00

DOCUMENT # P05000019341			
1. Entity Name DAFFODILS FOOTWEAR, INC.			
Principal Place of Business 5485-10 LEE STREET LEHIGH ACRES, FL 33971		Mailing Address 5485-10 LEE STREET LEHIGH ACRES, FL 33971	
2. Principal Place of Business - No P.O. Box # 2779 N. Airport Rd.		3. Mailing Address 2779 N. Airport Rd.	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33907		Zip 33907	
Country USA		Country USA	
4. FEI Number 20-2293557		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent R&A AGENTS, INC. ATTN: SAMUEL J. HAGAN, IV, ESQ. 2320 FIRST ST STE 1000 FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Samuel J. Hagan</i></u> DATE: <u>4/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	D HOGAN, AMY JOYCE 23825 CAROLYN LN FT MYERS, FL 33913	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, TIM 23825 CAROLYN LN FT MYERS, FL 33913	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, TIM 23825 CAROLYN LN FT MYERS, FL 33913	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Samuel J. Hagan</i></u> DATE: <u>4/28/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			