


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90040 028 ***150.00

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1. Entity Name
ONE SHOE ADVERTISING SPECIALITIES, INC



Principal Place of Business Mailing Address
10632 GRAND RIVIERE DR TAMPA, FL 33647 **10632 GRAND RIVIERE DR TAMPA, FL 33647**

2. Principal Place of Business - No P.O. Box #
8324 OLD TOWN DRIVE

3. Mailing Address
8324 OLD TOWN DRIVE

Suite, Apt. #, etc. Suite, Apt. #, etc.



02052007 Chg-P CR2E034 (12/06)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
81-0669464

Applied For
 Not Applicable

Zip Country Zip Country
33647 **33647**

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

6. Name and Address of Current Registered Agent
BARNEKOW, JENNIFER L MS. 10632 GRAND RIVIERE DRIVE TAMPA, FL, FL 33647

7. Name and Address of New Registered Agent
 Name **JENNIFER L BARNEKOW**
 Street Address (P.O. Box Number is Not Acceptable)
8324 OLD TOWN DRIVE
 City **TAMPA** FL Zip Code **33647**

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 *Jennifer L Barnekow* **JENNIFER L. BARNEKOW PRES** DATE **2-4-07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 P	BARNEKOW, JENNIFER L 10632 GRAND RIVIERE DRIVE TAMPA, FL 33647	TITLE NAME	8324 OLD TOWN DRIVE TAMPA, FL 33647
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		TITLE NAME	VP DOUGLAS N WALL 8324 OLD TOWN DRIVE TAMPA, FL 33647
		STREET ADDRESS	
		CITY-ST-ZIP	

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: *Jennifer L Barnekow* **JENNIFER L. BARNEKOW** DATE **2-4-07** Daytime Phone # **813-967-7266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #