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Apr 30, 2007 8:00 am
Secretary of State
04-13-2007 90167 030 ***150.00

4/1

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000104218

1. Entity Name
THOMPSON FINE SHOES, INC.

66011950

Principal Place of Business	Mailing Address
3540 ST JOHNS AVE JACKSONVILLE, FL 32205	3540 ST JOHNS AVE JACKSONVILLE, FL 32205
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01182007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5375533 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~INTREPID REGISTERED AGENT SERVICES, LLC~~
~~ONE INDEPENDENT DR STE 1200~~
~~JACKSONVILLE, FL 32202~~

7. Name and Address of New Registered Agent

Name: Theresa Thompson
Street Address (P.O. Box Number is Not Acceptable): 297 Riverwood Dr
City: Orange Park FL Zip Code 32003

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 [signature] 1-18-07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
President	Theresa Thompson	297 Riverwood Dr	Orange Park FL 32003	☐
				☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: [signature] 1-18-07 9047035076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #