

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119253

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: RUBY SLIPPER & MORE, INC.

## Current Principal Place of Business:

7551 OLD MIDDLEBURG ROAD SOUTH  
JACKSONVILLE, FL 32222

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 440247  
JACKSONVILLE, FL 322221809

## New Mailing Address:

7551 OLD MIDDLEBURG ROAD SOUTH  
JACKSONVILLE, FL 32222

FEI Number: 43-2109476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCOTT, DONNA J  
7551 OLD MIDDLEBURG ROAD SOUTH  
JACKSONVILLE, FL 32222 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCOTT, DONNA J  
Address: 7551 OLD MIDDLEBURG ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32222

Title: V ( ) Delete  
Name: SWILLEY, JOANNA  
Address: 6961 HANSON DRIE SOUTH  
City-St-Zip: JACKSONVILLE, FL 322101216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SWILLEY, JOANNA  
Address: 6961 HANSON DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 322101216

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: JOANNA SWILLEY

VP

02/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date