2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129789

Title:

Name:

Address:

City-St-Zip:

SEC

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STICKLES, SARAH P

3520 SW 79TH TERRACE

GAINESVILLE, FL 32608 US

FILED Apr 14, 2009 Secretary of State

Entity Nar	ne: CLASSIC C	COMFORT FOOTWEAR, INC					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	EWBERRY RD. LLE, FL 32605	US					
Current Mailing Address:			New Maili	New Mailing Address:			
P. O. BOX GAINESVI	13652 _LE, FL 32604	US					
FEI Number:	41-2260673	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	d()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
6767 W. N	OBERT L II EWBERRY RD. LLE, FL 32605	US					
	named entity su of Florida.	bmits this statement for the po	urpose of changing i	ts registered	office or registered agent, of	or both,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Age	nt	Date			
Election Car	npaign Financing ⁻	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E SUTER, ROBERT P.O. BOX 13652 GAINESVILLE, FI		Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () E STICKLES, SARA 3520 SW 79TH T GAINESVILLE, FI	ERRACE	Title: Name: Address: City-St-Zip:	SUTER, SAR, 3520 SW 791			
Title: Name: Address: City-St-Zip:	TREA () E SUTER, ROBERT P.O. BOX 13652 GAINESVILLE, FI		Title: Name: Address: City-St-Zip:	(() Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SEC

SUTER, SARAH P

3520 SW 79TH TERRACE

GAINESVILLE, FL 32608 US

(X) Change () Addition

SIGNATURE: ROBERT L. SUTER LL Ρ 04/14/2009