

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047629

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** COMMUNITY COMFORT SHOES, INC.

**Current Principal Place of Business:**

200 TOMPKINS STREET  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

200 TOMPKINS STREET  
INVERNESS, FL 34450

**New Mailing Address:**

**FEI Number:** 27-0283308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOVACH, MICHAEL T JR  
151 EAST HIGHLAND BOULEVARD  
SUITE 161  
INVERNESS, FL 34452 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  
**Name:** COMMUNITY OXYGEN & MEDICAL, INC.  
**Address:** 200 TOMPKINS STREET  
**City-St-Zip:** INVERNESS, FL 34450 US

I hereby 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 all other like empowered.

**SIGNATURE:** LAURENE HOLDER AS P OF COMMUNITY OXYGEN

P

04/28/2010

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

\_\_\_\_\_  
Date