


2005 FOR PROFIT CORPORATION ANNUAL REPORT

F1252
FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P31365 1. Entity Name THE SHOE SHOW OF ROCKY MOUNT, INC.	
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Principal Place of Business 2201 TRINITY CHURCH RD CONCORD, NC 28027	Mailing Address P O BOX 648 CONCORD, NC 28026 US
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-0848427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

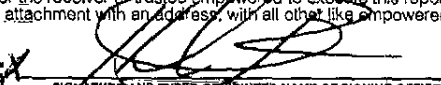
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD TUCKER, ROBERT B. 2201 TRINITY CHURCH RD CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TUCKER, ROBERT B. 2201 TRINITY CHURCH RD CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TUCKER, CAROLYN C. 2201 TRINITY CHURCH RD CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VAN DER POEL, JACK 2201 TRINITY CHURCH RD CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  V President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/6/05 Daytime Phone #: 704-782-4142