

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P31365

1. Entity Name
THE SHOE SHOW OF ROCKY MOUNT, INC.



Principal Place of Business
**2201 TRINITY CHURCH RD
CONCORD, NC 28027**

Mailing Address
**P O BOX 648
CONCORD, NC 28026 US**

DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
56-0848427

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 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

U000000698233
04/18/07-80072-008 150.00

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

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

7047824143

Date

Daytime Phone #