

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P31365

1. Entity Name
SHOE SHOW, INC.



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

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



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

U00000934293
05/23/08-80027-001-150.00

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

04/22/08
Date

704-782-4143
Daytime Phone #