

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90059 047 ***150.00

DOCUMENT # P37408

1. Entity Name

GOLD TOE STORES INC.



Principal Place of Business

**48 W 38TH STREET
8TH FL
NEW YORK NY 10018
US**

Mailing Address

**48 W 38TH STREET
8TH FL
NEW YORK NY 10018
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3125042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MARSAL, B.	
STREET ADDRESS	48 N 38TH STREET	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	T	☐ Delete
NAME	BERNICE, A	
STREET ADDRESS	48 WEST 38TH ST	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	S	☒ Delete
NAME	HOSKINS, JOHN S	
STREET ADDRESS	48 W. 38TH ST	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	S	☐ Delete
NAME	COLEMAN, S	
STREET ADDRESS	48 WEST 38TH ST	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	☒ Change ☐ Addition
NAME	John S. Hoskins	
STREET ADDRESS	661 Plaid St	
CITY-ST-ZIP	Burlington NC 27215	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Anthony Bernice **Anthony Bernice**

2-1-05

Date

Daytime Phone #