## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 04, 2005 8:00 am Secretary of State **DOCUMENT # P92000002017** 05-04-2005 90122 019 \*\*\*150.00 SHOE COMFORT, INC. Principal Place of Business Mailing Address 6634 RIDGE ROAD 6634 RIDGE ROAD PORT RICHEY, FL 34668 US PORT RICHEY, FL 34668 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 59-3150124 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HNILICA, JOHN Street Address (P.O. Box Number is Not Acceptable) 6634 RIDGE ROAD PORT RICHEY, FL 34668 City 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, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD Delete TITLE ☐ Change Addition 🔲 TITLE HNILICA, JOHN MAME NAME STREET ADDRESS STREET ADDRESS 6634 RIDGE ROAD CITY-ST-ZIP PORT RICHEY, FL 34668 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME STREET ADORESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP ☐ Delete ☐ Change ☐ Addition πne TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this fiting 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.

other L. Huilica 4/28/65

FILED