

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90122 019 ***150.00

DOCUMENT # P92000002017 1. Entity Name SHOE COMFORT, INC.																					
Principal Place of Business 6634 RIDGE ROAD PORT RICHEY, FL 34668 US			Mailing Address 6634 RIDGE ROAD PORT RICHEY, FL 34668 US																		
2. Principal Place of Business			3. Mailing Address																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																		
City & State			City & State																		
Zip		Country	Zip		Country																
6. Name and Address of Current Registered Agent HNILICA, JOHN 6634 RIDGE ROAD PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																	
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 reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																					
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		DATE _____																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HNILICA, JOHN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6634 RIDGE ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT RICHEY, FL 34668</td> </tr> </table>			TITLE	PD <input type="checkbox"/> Delete	NAME	HNILICA, JOHN	STREET ADDRESS	6634 RIDGE ROAD	CITY-ST-ZIP	PORT RICHEY, FL 34668	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #