

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 27, 2005 08:00 AM
Secretary of State**DOCUMENT # P95000047845**1. Entity Name
OLD TIME SHOE SHINE, INC.Principal Place of Business
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716Mailing Address
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**DO NOT WRITE IN THIS SPACE**

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3322734Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**WALKER, TOMMIE L
7001 JEAN STREET
TAMPA, FL 33634**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 file if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WALKER, TOMMIE L
STREET ADDRESS	7001 JEAN STREET
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000335019
04/27/05-80070-005 150.00**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Tommie L Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 727-567-7463

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Daytime Phone #