

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000018469**

1. Entity Name  
CLOWN SHOES AND PROPS, INC.



Principal Place of Business  
23313 SO DEWEY ROBBINS ROAD  
HOWYEE IN THE HILLS, FL 34737-4002

Mailing Address  
23313 SO DEWEY ROBBINS ROAD  
HOWYEE IN THE HILLS, FL 34737-4002



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3429793

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCOTT, WAYNE A  
23313 SO DEWEY ROBBINS ROAD  
HOWYEE IN THE HILLS, FL 34737-4002

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SCOTT, WAYNE A  
STREET ADDRESS 23313 SO DEWEY ROBBINS ROAD  
CITY-ST-ZIP HOWYEE IN THE HILLS, FL 347374002

TITLE D  
NAME SCOTT, MARGARITE J  
STREET ADDRESS 23313 SO DEWEY ROBBINS ROAD  
CITY-ST-ZIP HOWYEE IN THE HILLS, FL 347374002

TITLE  
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02/21/05-80072-024 150.00

**DO NOT WRITE  
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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:**

*Wayne A. Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-05 352 324 3256

Date Daytime Phone #