

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000066529

1. Entity Name
WALKIN' FUN FOOTWEAR, INC.



Principal Place of Business
9978-3A BAYMEADOWS RD
JACKSONVILLE, FL 32256

Mailing Address
9978-3A BAYMEADOWS RD
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3524798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, LOUIS CPA
9141 CYPRESS GREEN DR
STE 2
JACKSONVILLE, FL 32256

**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, 2004 Fee will be \$550.00

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

U00000089465
03/15/04-80093-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GLASSEY, THOMAS P
STREET ADDRESS	9978-3A BAYMEADOWS RD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	GLASSEY, SONJA
STREET ADDRESS	9978-3A BAYMEADOWS RD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/10/04 904/642-6888