



FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000077843		Secretary of State	
1. Entity Name SHOES OF THE FISHERMAN, INCORPORATED			
Principal Place of Business 316 21ST AVENUE, NE ST. PETERSBURG, FL 33704 US		Mailing Address 316 21ST AVENUE, NE ST. PETERSBURG, FL 33704 US	
DO NOT WRITE IN THIS SPACE		 03262005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3534873	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POPE, ROBERT W 2037 1ST AVENUE NORTH ST. PETERSBURG, FL 33713		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CEO FARRELL, KATHLEEN L 316 21ST AVENUE N.E. ST. PETERSBURG, FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S HARPER, LINDA S 316 21ST AVENUE N.E. ST. PETERSBURG, FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T FISCHER, LAWRENCE 8401 9TH ST NORTH SAINT PETERSBURG, FL 33702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P OWENS, CHARLIE 2440 S.R. 580, STE 12 CLEARWATER, FL 33759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>Kathleen L. Farrell</i>		04/12/05 727-551-9851	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	