

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000022964

1. Entity Name

SEFFNER SHOE REPAIR, INC.



Principal Place of Business

**11919 E MLK BLVD
SEFFNER FL 33548**

Mailing Address

**8612 DEE CIRCLE
RIVERVIEW FL 33569**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3575218

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESPOSITO, NICHOLAS P
8612 DEE CIRCLE
RIVERVIEW FL 33569**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Nicholas P. Esposito

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when (re)appointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME **ESPOSITO, NICHOLAS**
STREET ADDRESS **8612 DEE CIRCLE**
CITY- ST- ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Add

NAME **000000548083**
STREET ADDRESS **05/12/06-80051-003**
CITY- ST- ZIP **150.00**

TITLE ☐ Delete

NAME **ESPOSITO, AUBURN M**
STREET ADDRESS **8612 DEE CIRCLE**
CITY- ST- ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Nicholas P. Esposito*

9-79-06 813-61-8104