

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08292007 Chg-P CR2E034 (12/06)

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 59-3575218		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 ESPOSITO, NICHOLAS P 8612 DEE CIRCLE RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent 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 <i>Nicholas Esposito</i>		SIGNATURE <i>Nicholas Esposito</i>	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ESPOSITO, NICHOLAS	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ESPOSITO, NICHOLAS	NAME	
STREET ADDRESS	8612 DEE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP	
TITLE	D	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ESPOSITO, AUBURN M	NAME	
STREET ADDRESS	8612 DEE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Nicholas Esposito</i>		SIGNATURE: <i>Nicholas Esposito</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date: 9-11-07 Daytime Phone #: 681-9106	