2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 08:00 AM Secretary of State **DOCUMENT # V44970** 1. Entity Name LARRY'S SHOE REPAIR, INC. Principal Place of Business Mailing Address 704 W JEFFERSON ST **20 NATALIE AVE** BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 No Cha-P CR2E034 (11/05) 03112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3129705 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITMAN, LARRY B. **DO NOT WRITE** 20 NATALIE AVE BROOKSVILLE, FL 34601 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE WHITMAN, LARRY B. NAME STREET ADDRESS 20 NATALIE AVE BROOKSVILLE, FL CITY-ST-ZIP TITLE WHITMAN, GLENDA L. NAME 20 NATALIE AVE STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP