

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

80-0454 ANR05

closed : 5/07/04

FILED

05 FEB 24 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/04)

DOCUMENT # 329671

1. Entity Name

MERRITT ISLAND FOOTACTION. INC.



Principal Place of Business

MERRITT SQ MALL
777 MERRITT ISLAND # CAUSEWAY
MERRITT ISLAND FL 32952
US

Mailing Address

PO BOX 141269
IRVING TX 75014-1269
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2437484

Applied For

Not Applicable

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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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, 2005 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 VP ☐ Delete
NAME WILSON, MARY BETH
STREET ADDRESS 14222 SOUTHERN PINES DRIVE
CITY-ST-ZIP FARMERS BRANCH TX 75234-3720

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600047307886
CITY-ST-ZIP 02/25/05--01045--003 **150.00

TITLE AS ☐ Delete
NAME GALANTE, ANDREA
STREET ADDRESS 3201 ROYAL LANE
CITY-ST-ZIP IRVING TX 75063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME NEVILLE, R. SHAWN
STREET ADDRESS 90 MCKEE
CITY-ST-ZIP MAHWAH NJ 07340

TITLE PRESIDENT ☐ Change ☒ Addition
NAME Maureen Richards
STREET ADDRESS 933 MacARTHUR BLVD., MAHWAH, NJ 07430
CITY-ST-ZIP

TITLE SVP ☒ Delete
NAME APPLBAUM, LEE
STREET ADDRESS 90 MCKEE
CITY-ST-ZIP MAHWAH NJ 07340

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME COLTER, WARREN Z
STREET ADDRESS 90 MCKEE
CITY-ST-ZIP MAHWAH NJ 07340

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME Timothy Garahan
STREET ADDRESS 67 MILLBROOK ST., WORCESTER, MA 01608
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME LYNCH, MICHAEL
STREET ADDRESS 90 MCKEE
CITY-ST-ZIP MAHWAH NJ 07340

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY GARAHAN

FEB - 7 2005

Date

Daytime Phone #