2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 680785

FILED Jan 09, 2004 Secretary of State

Entity Name: REGENCY SQUARE FOOTACTION, INC.

	rincipal Place o	of Business:	New Princ	ipal Place of	f Business:	
501 ARL	INGTON EXPY					
	IVILLE, FL 3222	5				
Current Mailing Address:			New Mailing Address:			
PO BOX 1 RVING, T						
El Number	: 04-2707538	FEI Number Applied For ()	FEI Number Not Appl	licable()	Certificate of Status Desired ()	
lame and	d Address of Cເ	ırrent Registered Agent:	Name and	Address of	New Registered Agent:	
201 HAY SUITE 109	S STREET	RATION COMPANY				
	e named entity su e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or bo	oth,
SIGNATU	RE:					
	Electronic	Signature of Registered Age	ent		Date	
lection Ca	mpaign Financing	Trust Fund Contribution ().				
FFICER	S AND DIRECT	ORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIREC	TOR
itle: ame: ddress: ity-St-Zip:	P () [NEVILLE, SHAW 24B OLD FARM DARIEN, CT 068	RD	Title: Name: Address: City-St-Zip:	() Change ()Addition	
ame: ddress:	NEVILLE, SHAW 24B OLD FARM DARIEN, CT 068	N R RD 120 Delete I D LLEY RD	Name: Address:	,) Change () Addition) Change () Addition	
ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	NEVILLE, SHAW 24B OLD FARM DARIEN, CT 068 SVP () I APPLBAUM, LEE 279 SPRING VAL PARK RIDGE, N.	N R RD 120 Delete 1 D 1 07650 Delete L PL	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition K) Change () Addition AEL IA PL	
ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tte: ame: ddress: ity-St-Zip:	NEVILLE, SHAW 24B OLD FARM DARIEN, CT 068 SVP ()[APPLBAUM, LEE 279 SPRING VAL PARK RIDGE, N. VPAS ()[LYNCH, MICHAE 122 PASADENA	N R RD 1220 Delete 1 D 1 07650 Delete L PL X 75060 Delete EN Z Y DR	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	VPS () LYNCH, MICH 122 PASADEN HAWTNORNE) Change () Addition K) Change () Addition AEL IA PL	
ame: ddress: ity-St-Zip: itle: ame: ddress:	NEVILLE, SHAW 24B OLD FARM DARIEN, CT 068 SVP ()[APPLBAUM, LEE 279 SPRING VAL PARK RIDGE, N. VPAS ()[LYNCH, MICHAE 122 PASADENA HAWTNORNE, T. VP ()[COLTER, WARR 3835 GRANBUR DALLAS, TX 752 VPAS ()[WILSON, MARY 14222 SOUTHER	N R RD RD RD Relete F D LLEY RD F O7650 Delete L PL X 75060 Delete EN Z Y DR RS RS Delete BETH	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VPS (X LYNCH, MICH 122 PASADEN HAWTNORNE) Change () Addition K) Change () Addition AEL IA PL TX 75060) Change () Addition K) Change () Addition RY BETH AL LANE	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY BETH WILSON VP 01/09/2004