2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F62659

FILED Jan 09, 2004 Secretary of State

Entity Name: GOVERNOR'S SQUARE FOOTACTION, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
1500 APALACHEE PKWY				
1055 TALLAHASSEE, FL 32301 US				
Current Mailing Address:		New Mailing Address:		
7880 BENT BRANCH DR 100 IRVING, TX 75863 US		P O BOX 141269 IRVING, TX 75014-126 US		
FEI Number: 04-2761257 FEI Number Applied For () FEI Number Not Applied For ()			icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na			Address of New Registered Agent:	
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US				
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.				
SIGNATURE:				
	Electronic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete NEVILLE, SHAWN R 24 B OLD FARM RD. DARIEN, CT 06820	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVP () Delete APPLBAUM, LEE D 279 SPRING VALLEY RD. PARK RIDGE, NJ 07650	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () Delete COLTZER, WARREN Z 3835 GRANBURY DR. DALLAS, TX 75287	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition COLTZER, WARREN Z 3835 GRANBURY DR. DALLAS, TX 75287	
Title: Name: Address: City-St-Zip:	VPS () Delete WILSON, MARY BETH 14222 SOUTHERN PINES DR. FARMERS BRANCH, TX 75244	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition WILSON, MARY BETH 3201 W. ROYAL LANE IRVING, TX 75063	
Title: Name: Address: City-St-Zip:	AS () Delete GALANTE, ANDREA 3201 ROYAL LN. IRVING, TX 75063	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition LYNCH, MICHEAL 90 MCKEE MAHWAH, NJ 07340	
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