

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0445 A/R05

DOCUMENT # F62659

1. Entity Name

GOVERNOR'S SQUARE FOOTACTION, INC.



Closed: 4/10/04

FILED

05 FEB 24 PM 2: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

Principal Place of Business
1500 APALACHEE PKWY
1055
TALLAHASSEE FL 32301
US

Mailing Address
P O BOX 141269
IRVING TX 75014
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 04-2761257
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEVILLE, SHAWN R	
STREET ADDRESS	24 B OLD FARM RD.	
CITY-ST-ZIP	DARIEN CT 06820	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	APPLBAUM, LEE D	
STREET ADDRESS	279 SPRING VALLEY RD.	
CITY-ST-ZIP	PARK RIDGE NJ 07650	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COLTZER, WARREN Z	
STREET ADDRESS	3835 GRANBURY DR.	
CITY-ST-ZIP	DALLAS TX 75287	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, MARY BETH	
STREET ADDRESS	3201 W. ROYAL LANE	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GALANTE, ANDREA	
STREET ADDRESS	3201 ROYAL LN.	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNCH, MICHEAL	
STREET ADDRESS	90 MCKEE	
CITY-ST-ZIP	MAHWAH NJ 07340	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Richards	
STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430/	
CITY-ST-ZIP	300047306823	
NAME	02/25/05--01044--006 **150.00	
STREET ADDRESS	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	Timothy Garahan	
NAME	67 MILLBROOK ST., WORCESTER, MA 01606	
STREET ADDRESS		
CITY-ST-ZIP		
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 #