## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 20, 2005 08:00 AM Secretary of State DOCUMENT # L32296 FOOT-IN-YOUR-MOUTH, INC. Principal Place of Business Mailing Address 3851 PASCO STREET 100 PALAFOX PLACE PENSACOLA, FL 32505 PENSACOLA, FL 32501 CR2E034 (10/03) 01172005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2978402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CALVERT, SCOTT DO NOT WRITE 2650 TAMBRIDGE CIRCLE PENSACOLA, FL 32503 IN THIS SPACE 5. 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 Apent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE CALVERT, SCOTT NAME U00000186652 STREET ADDRESS 2650 TAMBRIDGE CIRCLE 01/21/05-80064-016 150.00 CSTY-ST-ZSP PENSACOLA, FL 32503 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**