


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90088 006 ****70.00

DOCUMENT # N10448 1. Entity Name FEET FIRST FIRST TIME, INC.	
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Principal Place of Business 5193 NORTH NINTH AVE SUITE 302 PENSACOLA, FL 32504	Mailing Address PO BOX 10806 PENSACOLA, FL 32524
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50011045



DO NOT WRITE IN THIS SPACE

01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2578370	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMPSON, GLORIA 5193 NORTH NINTH AVE SUITE 302 PENSACOLA, FL 32504

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, DANNA 2190 AIRPORT BLVD, STE 3000 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SCHMITZ, DR. MARCUS 5149 N. 9TH AVE., STE 246 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, KURT 8391 N. DAVIS HWY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, GLORIA 1110 COILA STREET PENSACOLA, FL 31504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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: *Gloria Thompson* Gloria Thompson 2/2/05 850 516 9023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #