


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00-AM
Secretary of State

DOCUMENT # N10448 1. Entity Name FEET FIRST FIRST TIME, INC.	
---	---

Principal Place of Business 5193 NORTH NINTH AVE SUITE 302 PENSACOLA, FL 32504	Mailing Address PO BOX 10806 PENSACOLA, FL 32524
---	--



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, DANNA 9511 PLAINFIELD AVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SCHMITZ, DR. MARCUS 5153 N. 9TH AVE., SUITE 302 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	D DEATON, SUSANNE 8391 N DAVIS HWY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000600572
01/26/07-80014-016 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 850 516 9006
Date Daytime Phone #