

13468

150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90083 037 ***150.00

DOCUMENT # P00000018222

1. Entity Name

FLORIDA MALL FEET, INC.



Principal Place of Business

1401 FLORIDA MALL AVENUE
ORLANDO FL 32809

Mailing Address

67 MILLBROOK STREET
WORCESTER MA 01606

20015314



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3627280

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME NEVILLE, SHAWN
STREET ADDRESS 90 MCKEE DRIVE
CITY-ST-ZIP MAHWAH NJ 07430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GARAHAN, TIMOTHY
STREET ADDRESS 67 MILLBROOK STREET
CITY-ST-ZIP WORCESTER MA 01606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME RICHARDS, MAUREEN
STREET ADDRESS 933 MACARTHUR BOULEVARD
CITY-ST-ZIP MAHWAH NJ 07430

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **Maureen Richards**
CITY-ST-ZIP **933 MacARTHUR BLVD., MAHWAH, NJ 07430**

TITLE AS ☒ Delete
NAME SCHILLING, ROBERT K
STREET ADDRESS 933 MACARTHUR BOULEVARD
CITY-ST-ZIP MAHWAH NJ 07430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ZANNA, VINCENT
STREET ADDRESS 1 CROSFIELD AVE
CITY-ST-ZIP WEST NYACK NY 10994

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHUBACK, MARC G
STREET ADDRESS 933 MACARTHUR BOULEVARD
CITY-ST-ZIP MAHWAH NJ 07430

TITLE ☐ Change ☐ Addition
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 - 1 2005

Date

Daytime Phone #