

150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-23-2005 90083 036 ***150.00

DOCUMENT # P00000018248

1. Entity Name

WEST PALM FEET, INC.



Principal Place of Business

**4354 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409**

Mailing Address

**67 MILLBROOK ST.
WORCESTER MA 01606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0984711**

Applied For
Not Applicable

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 ST.**
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 BLVD.**
CITY-ST-ZIP **MAHWAH NJ 07430**

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

TITLE **AS** ☒ Delete
NAME **SCHULLING, ROBERT K**
STREET ADDRESS **933 MACARTHUR BLVD.**
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 BLVD.**
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]

TIMOTHY GARAHAN

FEB - 1 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #