

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90040 002 ***150.00

40005998



DOCUMENT # P00000052268 1. Entity Name FEET FIRST REFLEXOLOGY, INC.			
Principal Place of Business 2900 14TH STREET NORTH SUITE 3A NAPLES, FL 34103 US		Mailing Address 275 WILLOUGHBY DRIVE EXT NAPLES, FL 34110	
2. Principal Place of Business 5051 Castello Dr. #210 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Naples FL		City & State	
Zip 34103		Country Collier	
4. FEI Number 59-3649651		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUGAAS, MARY ANN 275 WILLOUGHBY DR EXT NAPLES, FL 34110		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUGAAS, MARY ANN 275 WILLOUBBY DR. EXT. NAPLES, FL 34110	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Mary Ann Mugaas</i>		Date 1-21-05 Daytime Phone # 733-1472 (239)	