

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0835 ANR05

closed: 5/07/04
FILED

05 FEB 24 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P01000111135 1. Entity Name DESOTO SQUARE MALL FOOTACTION, INC.					
Principal Place of Business 303 US 301 BLVD. WEST #635 BRADENTON FL 34205			Mailing Address PO BOX 141269 IRVING TX 75014-1269		
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 65-1156369 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input checked="" type="checkbox"/> Delete NAME NEVILLE, R. SHAWN STREET ADDRESS 90 MCKEE CITY-ST-ZIP MAHWAH NJ 07340	TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Maureen Richards STREET ADDRESS 933 MacARTHUR BLVD., MAHWAH, NJ 07430				
TITLE SVP <input checked="" type="checkbox"/> Delete NAME APPLBAUM, LEE D STREET ADDRESS 90 MCKEE CITY-ST-ZIP MAHWAH NJ 07340	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 500047307555 STREET ADDRESS 02/25/05--01044--023 **150.00				
TITLE VP <input checked="" type="checkbox"/> Delete NAME COLTER, WARREN Z STREET ADDRESS 90 MCKEE CITY-ST-ZIP MAHWAH NJ 07340	TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Timothy Garahan STREET ADDRESS 67 MILLBROOK ST., WORCESTER, MA 01606				
TITLE VPS <input type="checkbox"/> Delete NAME LYNCH, MICHAEL STREET ADDRESS 90 MCKEE CITY-ST-ZIP MAHWAH NJ 07340	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME				
TITLE VP <input type="checkbox"/> Delete NAME WILSON, MARY BETH STREET ADDRESS 3201 ROYAL LANE CITY-ST-ZIP IRVING TX 75063	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____				
TITLE AS <input type="checkbox"/> Delete NAME GALANTE, ANDREA STREET ADDRESS 3201 ROYAL LANE CITY-ST-ZIP IRVING TX 75063	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____				
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:			TIMOTHY GARAHAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			FEB - 7 2005		