


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000111137					
1. Entity Name CORDOVA MALL FOOTACTION, INC.					
Principal Place of Business 5100 N. 9TH AVE. S.P. A-105 PENSACOLA FL 32504 US			Mailing Address PO BOX 141269 IRVING TX 75014 US		
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 59-3758687	
				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 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 _____ <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 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVILLE, R. SHAWN		NAME	Maureen Richards	
STREET ADDRESS	90 MCKEE.		STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430	
CITY-ST-ZIP	MAHWAH NJ 07340		CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLBAUM, LEE D		NAME		
STREET ADDRESS	90 MCKEE		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ 07340		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLTER, WARREN Z		NAME	Timothy Garahan	
STREET ADDRESS	90 MCKEE		STREET ADDRESS	67 MILLBROOK ST., WORCESTER, MA 01606	
CITY-ST-ZIP	MAHWAH NJ 07340		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, MICHAEL		NAME		
STREET ADDRESS	90 MCKEE		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ 07340		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARY BETH		NAME		
STREET ADDRESS	3201 W. ROYAL LANE		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75063		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALANTE, ANDREA		NAME		
STREET ADDRESS	3201 W. ROYAL LANE		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75063		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 DATE FEB - 7 2005 Daytime Phone #	

80-0894 ANR05

closed: 4/19/04

FILED

05 FEB 24 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/04)