

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0855ANROS

Closed: 5/07/04

FILED

05 FEB 24 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P01000111141 1. Entity Name TREASURE COAST MALL FOOTACTION, INC.					
Principal Place of Business 3174 NW FEDERAL HWY JENSEN BEACH FL 34957			Mailing Address PO BOX 141269 IRVING TX 75014-1269		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1156371	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT Maureen Richards	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVILLE, SHAWN R		NAME	933 MCARTHUR BLVD., MANHATTAN, NJ 07430	
STREET ADDRESS	7880 BENT BRANCH DR		STREET ADDRESS	700047307537	
CITY-ST-ZIP	IRVING TX 75063		CITY-ST-ZIP	02/25/05--01044--022 **150.00	
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APPLBAUM, LEE D		NAME	Timothy Garahan	
STREET ADDRESS	7880 BENT BRANCH DR		STREET ADDRESS	67 MILLBROOK ST., WORCESTER, MA 01606	
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTON, NANCY L		NAME		
STREET ADDRESS	7880 BENT BRANCH DR		STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON TX 75007		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARY B		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	7880 BENT BRANCH DR		STREET ADDRESS		
CITY-ST-ZIP	GRAPEVINE TX 76051		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:			TIMOTHY GARAHAN		
FEB - 7 2005					