

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033652

Entity Name: FEET 1ST SHOES, INC.

FILED
Feb 13, 2008
Secretary of State

Current Principal Place of Business:

8535 BAYMEADOW RD
STE 9
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

8535 BAYMEADOW RD
STE 9
JACKSONVILLE, FL 32256

FEI Number: 02-0574886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD, BLDG 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: NIELD, JANET
Address: 1148 ASHMORE DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: DP () Delete
Name: NIELD, WADE
Address: 1148 ASHMORE DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: ST () Delete
Name: DONZIGER, MICHAEL
Address: 8638 PHILLIPS HWY #3
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE M. NIELD, C.PED.

PRES

02/13/2008

Electronic Signature of Signing Officer or Director

Date