

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-25-2005 90048 002 ***150.00

DOCUMENT # P03000046559

1. Entity Name
HAPPY FOOT, INC.



Principal Place of Business

**4085 HANCOCK BLDG. PK., #111-155
N. FT. MYERS, FL 33903**

Mailing Address

**4085 HANCOCK BLDG. PK., #111-155
N. FT. MYERS, FL 33903**

50005949



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4249227

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEAN, TERRANCE DARLENE
4085 HANCOCK BLDG. PK., #111-155
N. FT. MYERS, FL 33903**

**DO NOT WRITE
IN THIS SPACE**

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 *x [Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RD
CARPENTER, DEBRA
773 SPENCE ST.
ELMIRA, NY 14904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DEAN, TERRANCE DARLENE
1403 SW 52ND TERR.
CAPE CORAL, FL 33914**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES.
DEAN, TERRANCE
1403 SW 52nd Terrace
Cape Coral, FL 33914**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *x [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05
Date

2324623796
Daytime Phone #