2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

04-25-2005 90222 020 ***150.00

4/2!

DOCUMENT # P04000023155

1. Entity Name
FRECKLED FOOT, INC.

Principal Place of Business
~~716 SUNSET RD APT B~~
~~W PALM BCH, FL 33401-7844~~

Mailing Address
~~716 SUNSET RD APT B~~
~~W PALM BCH, FL 33401-7844~~

66023034

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
15 SW Flagler Ave	15 SW Flagler Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, Fl	City & State: STUART, Fl
Zip: 34994 Country: MARTIN	Zip: 34994 Country: MARTIN

4. FEI Number: 20-0635640 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENVENUTO, DOMENICK
~~716 SUNSET RD APT B~~
~~W PALM BCH, FL 33401-7844~~

7. Name and Address of New Registered Agent

Name: DOMENICK BENVENUTO
Street Address (P.O. Box Number is Not Acceptable): 15 SW Flagler Ave
City: STUART FL Zip Code: 34994

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 ____________ DATE 04/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENVENUTO, DOMENICK 716 SUNSET RD APT B W PALM BCH, FL 334017844	☐ Delete	P Benvenuto, Domenick 15 SW Flagler Ave STUART, Fl 34994	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BENVENUTO, VIVIAN 716 SUNSET RD APT B W PALM BCH, FL 334017844	☐ Delete	V Benvenuto, Vivian 15 SW Flagler Ave STUART, Fl 34994	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: ____________ 04/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #