


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90015 033 ***150.00

DOCUMENT # P04000023155	
1. Entity Name FRECKLED FOOT, INC.	

Principal Place of Business 15 SW FLAGLER AVE. STUART, FL 34994	Mailing Address 15 SW FLAGLER AVE. STUART, FL 34994
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40054742



2. Principal Place of Business - No P.O. Box # 3 Osceola Street	3. Mailing Address 3 Osceola Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03082008 Chg-P CR2E034 (12/06)

City & State Stuart, FL 34994	City & State Stuart, FL 34994
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4. FEI Number 20-0635640	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENVENUTO, DOMENICK 15 SW FLAGLER AVE. STUART, FL 34994	
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7. Name and Address of New Registered Agent	
Name SAME	
Street Address (P.O. Box Number is Not Acceptable) 3 Osceola Street	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENVENUTO, DOMENICK 15 SW FLAGLER AVE. STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENVENUTO, VIVIAN 15 SW FLAGLER AVE STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **3/27/08** **712-260-3528**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #