

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0282 AR 05


closed: 5/07/04
FILED

05 FEB 24 PM 2: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P93000066574			
1. Entity Name PALM BEACH FOOTACTION, INC.			
Principal Place of Business 1801 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401		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	Zip	Country

4. FEI Number 65-0467352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	SVPD	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	APPLBAUM, LEE D			NAME	Maureen Richards		
STREET ADDRESS	90 MCKEE			STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430		
CITY-ST-ZIP	MAHWAH NJ 07340			CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEVILLE, R. SHAWN			NAME	500047307225		
STREET ADDRESS	90 MCKEE			STREET ADDRESS	02/25/05--01044--016 **150.00		
CITY-ST-ZIP	MAHWAH NJ 07340			CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNCH, MICHAEL			NAME			
STREET ADDRESS	90 MCKEE			STREET ADDRESS			
CITY-ST-ZIP	MAHWAH FL 07340			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALANTE, ANDREA			NAME			
STREET ADDRESS	3201 ROYAL LANE			STREET ADDRESS			
CITY-ST-ZIP	IRVING TX 75063			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLTER, WARREN Z			NAME	Timothy Garahan		
STREET ADDRESS	90 MCKEE			STREET ADDRESS	67 MILLBROOK ST., WORCESTER, MA 01608		
CITY-ST-ZIP	MAHWAH NJ 07340			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, MARY BETH			NAME			
STREET ADDRESS	3201 ROYAL LANE			STREET ADDRESS			
CITY-ST-ZIP	IRVING TX 75063			CITY-ST-ZIP			

Asst

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