

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90086 032 ***150.00

DOCUMENT # P96000027341



1. Entity Name

EAGLE RIDGE FOOTACTION, INC.

Principal Place of Business

EAGLE RIDGE MALL
725 EAGLE RIDGE DR #308
LAKE WALES FL 33853
US

Mailing Address

P.O. BOX 141269
IRVING TX 75014-1269
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3382393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(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 1

TITLE PD ☒ Delete
NAME NEVILLE, SHAWN R
STREET ADDRESS 24 B OLD FARM ROAD
CITY-ST-ZIP DARIEN CT 06820

TITLE PRESIDENT ☐ Change ☒ Addition
NAME Maureen Richards
STREET ADDRESS 933 McARTHUR BLVD., MAHWAH, NJ 07430
CITY-ST-ZIP

TITLE SRVD ☒ Delete
NAME APPLBAUM, LEE D
STREET ADDRESS 279 SPRING VALLEY ROAD
CITY-ST-ZIP PARK RIDGE NJ 07650

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD ☐ Delete
NAME LYNCH, MICHAEL
STREET ADDRESS 122 PASADENA PLACE
CITY-ST-ZIP HAWTHORNE NJ 07506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME COLTER, WARREN Z
STREET ADDRESS 90 MCKEE
CITY-ST-ZIP MAHWAH NJ 07340

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME Timothy Garahan
STREET ADDRESS 67 MILLBROOK CT., WORCESTER, MA 01606
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME WILSON, MARY BETH
STREET ADDRESS 3201 W. ROYAL LANE
CITY-ST-ZIP IRVING TX 75063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME GALANTE, ANDREA
STREET ADDRESS 3201 W. ROYAL LANE
CITY-ST-ZIP IRVING TX 75063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY GARAHAN

FEB - 7 2005

Date

Daytime Phone #