

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053620

Entity Name: SWEET FEET, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

107 NE SUDDUTH CT
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

107 NE SUDDUTH CT
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3391281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FINKEL, NEILL
107 NE SUDDUTH CT
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FINKEL, NEILL
Address: 107 NE SUDDUTH CT
City-St-Zip: FT WALTON BEACH, FL 32548

Title: T () Delete
Name: FINKEL, BONNI
Address: 107 SUDDUTH CT.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ST () Delete
Name: FINKEL, CORY
Address: 107 SUDDUTH CT.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP () Delete
Name: FINKEL, KATELYN
Address: 107 SUDDUTH CT.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP () Delete
Name: FINKEL, PERRI N
Address: 107 SUDDUTH CT
City-St-Zip: FORT WALTON, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEILL FINKEL

OWNE

01/04/2008

Electronic Signature of Signing Officer or Director

Date