

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000058542

1. Entity Name  
NEARLY BAREFOOT SANDAL COMPANY



Principal Place of Business  
350 N. ATLANTIC AVENUE  
COCOA BEACH, FL 32931

Mailing Address  
350 N. ATLANTIC AVENUE  
COCOA BEACH, FL 32931

FILED

05 SEP 15 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50066840



09092005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3519887

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WAGNER, DEBORAH J  
350 N. ATLANTIC AVENUE  
COCOA BEACH, FL 32931

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 \_\_\_\_\_  
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  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | D                        |
| NAME           | WAGNER, DEBORAH J        |
| STREET ADDRESS | 625 APACHE TRAIL         |
| CITY-ST-ZIP    | MERRITT ISLAND, FL 32953 |
| TITLE          | D                        |
| NAME           | WAGNER, PETER J          |
| STREET ADDRESS | 625 APACHE TRAIL         |
| CITY-ST-ZIP    | MERRITT ISLAND, FL 32953 |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| 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: Deborah J. Wagner (President) 9-12-05 321-537-3999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #