## 13408 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## 80-0151 ANROS Closed: 5/07/04 DOCUMENT # V24062 1. Entity Name PEMBROKE LAKES FOOTACTION, INC. 05 FEB 24 PH 2: 34 Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address 11401 PINES BLVD PO BOX 141269 IRVING TX 75063 SP #884 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0345193 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST STE 105 TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PRESIDENT TITLE Delete TITLE ☐ Change NEVILLE, SHAWN R NAME NAME Maureen Richards 90 MCKEE STREET ADDRESS STREET ADDRESS 933 MacARTHUR BLVD., MAHWAH, NJ 07430 CITY-ST-ZIP MAHWAH NJ 06820 CITY-ST-ZIP Delete VICE PRESIDENT ☐ Change Addition TITLE TITLE NAME APPLBAUM, LEE D NAME STREET ADDRESS 90 MCKEE STREET ADDRESS Timothy Garahan CITY-ST-ZIP MAHWAH NJ 06820 CITY-ST-ZIP LEROOK ST., WORCESTER, MA 010 Change ☐ Defete ☐ Addition MAME LYNCH, MICHEAL NAME 90 MCKEE STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP MAHWAH NJ 07650 CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WILSON, MARY BETH NAME NAME 000047306850 STREET ADDRESS 3201 W. ROYAL LANE STREET ADDRESS /05--01044--007 \*\*150.00 IRVING TX 75063 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TIBLE TITLE Addition

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 of trusted 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.

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TIMOTHY GARAHAN

☐ Delete

FEB - 7 2005

Daytme Phone #

Change

☐ Addition