

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95083

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: FOGMASTER CONSOLIDATED, INC.

## Current Principal Place of Business:

1051 SW 30 AVE  
DEERFIELD BCH., FL 33442 US

## New Principal Place of Business:

## Current Mailing Address:

1051 SW 30 AVE  
DEERFIELD BCH., FL 33442 US

## New Mailing Address:

FEI Number: 59-2207384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LATTA, THOMAS M.  
1051 SW 30 AVE  
DEERFIELD BCH., FL 33442 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: PD ( ) Delete  
Name: LATTA, THOMAS M  
Address: 1051 SW 30 AVE  
City-St-Zip: DEERFIELD BCH., FL

Title: ST ( ) Delete  
Name: LATTA, CARLA H  
Address: 1051 SW 30 AVE  
City-St-Zip: DEERFIELD BCH., FL

Title: D ( ) Delete  
Name: WILSON, GRANT  
Address: WESTFORD ROAD  
City-St-Zip: CARLISLE, MA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LATTA, THOMAS M  
Address: 1051 SW 30 AVE  
City-St-Zip: DEERFIELD BCH., FL 33442

Title: ST (X) Change ( ) Addition  
Name: LATTA, CARLA H  
Address: 1051 SW 30 AVE  
City-St-Zip: DEERFIELD BCH., FL 33442

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: THOMAS M LATTA

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date