

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009158

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** FOOGEE STYLE INC.

**Current Principal Place of Business:**

2863 GREENDALE RD  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

2863 GREENDALE RD  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 61-1624385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LECLERC, STEVE  
2863 GREENDALE RD  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

LECLERC, AMY R MRS.  
2863 GREENDALE RD  
NORTH PORT, FL 34287 US

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: AMY R LECLERC

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: LECLERC, AMY  
Address: 2863 GREENDALE RD  
City-St-Zip: NORTH PORT, FL 34287 US

Title: MR.  
Name: STEVE, LECLERC  
Address: 2863 GREENDALE RD  
City-St-Zip: NORTH PORT, FL 34287 US

Title: MR.  
Name: JAMES, LECLERC  
Address: 1440 OVERBROOK RD  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MS.  
Name: JULIE, DAVIDSON  
Address: 2295 YANKEE TERRACE  
City-St-Zip: NORTH PORT, FL 34286 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMY R LECLERC

MRS.

04/20/2011

Electronic Signature of Signing Officer or Director

Date