


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90266 035 \*\*\*150.00

<b>DOCUMENT # J99761</b> 1. Entity Name <b>FOLEY HOLDINGS CORP.</b>					
Principal Place of Business <b>P.O. BOX 2496</b> <b>SARASOTA, FL 34230</b>			Mailing Address <b>46 N. WASHINGTON BLVD., #1</b> <b>SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>1330 MAIN STREET</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 9</b>			
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>		4. FEI Number <b>65-0010436</b>	
Zip <b>34236</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LPS CORPORATE SERVICES, INC.</b> <b>46 N. WASHINGTON BLVD., #1</b> <b>SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FOLEY, JAY D.</b> <b>1330 MAIN ST</b> <b>SARASOTA, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <b>FOX, L. SUSAN</b> <b>PO BOX 2496</b> <b>SARASOTA, FL 342303759</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>FOLEY, ANDREW</b> <b>PO BOX 2496</b> <b>SARASOTA, FL 342303759</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>FOLEY, MEGHAN</b> <b>PO BOX 2496</b> <b>SARASOTA, FL 342302496</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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.					
<b>SIGNATURE:</b> <i>L. Susan Fox</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-04-05(941) 544-6648</b> <small>Date Daytime Phone #</small>		

L. SUSAN FOX, President