


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 288110 1. Entity Name L.O. FOURAKER BUILDERS, INC.	
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Principal Place of Business 7675 HWY 301 BRYCEVILLE, FL 32009	Mailing Address HWY. 301, P.O. BOX 7 BRYCEVILLE, FL 32009
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04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1092909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOURAKER, LESTER O
7699 HWY 301
BRYCEVILLE, FL 32009

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000909908

05/06/08-80089-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOURAKER, LESTER O 7675 HWY 301 BRYCEVILLE, FL 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOURAKER, RHETT S 7675 HWY 301 BRYCEVILLE, FL 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOURAKER, LESTER O 7675 HWY 301 BRYCEVILLE, FL 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: L.O. Fouraker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-08 (904) 266-9118
Date Daytime Phone #