


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 320979 1. Entity Name FOLSOM OF FLORIDA, INC.	
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Principal Place of Business..... 1851 GUNN HWY ODESSA, FL 33550 US	Mailing Address 43 MCKEE DR. MAHWAH, NJ 07430
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09132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1196652	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 DAVIS, DAVE 8613 MILES RD ODESSA, FL 33556	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000172352 09/17/04-80006-002 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELDSOTT, LOUIS 71 STONELEIGH RD. SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FELDSOTT, EDWARD 67 HEIGHTS ROAD RIDGEWOOD, NJ 07450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, DAVE. 8613 MILES ROAD ODESSA, FL 33556
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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.	
SIGNATURE: <u><i>Louis Feldsott</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>9/13/04</u> Daytime Phone #: <u>201 529 3550</u>