

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349567

**FILED**  
**Apr 06, 2007**  
**Secretary of State**

**Entity Name:** THE FOGLE CORPORATION

**Current Principal Place of Business:**

34526 HWY 44 W  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 435  
DELAND, FL 32721

**New Mailing Address:**

P.O. BOX 229377  
GLENWOOD, FL 32722

**FEI Number:** 59-1262843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOGLE JR, HARLAND  
P.O. BOX 229384  
GLENWOOD, FL 32722 US

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

FOGLE JR, HARLAND  
VAN HOOK ROAD  
DELEON SPRINGS, FL 32130 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: \_\_\_\_\_

04/06/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: FOGLE, MERRIE HELYN,  
Address: PO BOX 229384  
City-St-Zip: GLENWOOD, FL 32722

Title: PD ( ) Delete  
Name: FOGLE, JR HARLAND,  
Address: PO BOX 229384  
City-St-Zip: GLENWOOD, FL 32722

Title: VD ( ) Delete  
Name: FOGLE, DANIEL F.  
Address: PO BOX 229377  
City-St-Zip: GLENWOOD, FL 32722

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL F. FOGLE

VD

04/06/2007

Electronic Signature of Signing Officer or Director

Date