

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349567

FILED  
Feb 20, 2012  
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 229377  
GLENWOOD, FL 32722

**New Mailing Address:**

P.O. BOX 229384  
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  
VAN HOOK ROAD  
DELEON SPRINGS, FL 32130 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

SIGNATURE: DANIEL F. FOGLE

VD

02/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date