

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 402421**

1. Entity Name  
**FOLSOM CONSTRUCTION, INC.**



Principal Place of Business  
**1424 S. COMBEE ROAD  
LAKELAND FL, 33801 US**

Mailing Address  
**P O BOX 24988  
P.O. BOX 24988  
LAKELAND, FL 33802-4988 US**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1403726</b>                                      | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**WATSON, STEPHEN C  
ONE LAKE MORTON DR  
LAKELAND, FL 33801**

**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

Signature, typed or printed name of registered agent and title if applicable

(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

U000000221798  
02/19/08-80041-011 158.75

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>FOLSOM, KATHY L<br>1424 S COMBEE RD<br>LAKELAND, FL 33801 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FOLSOM, GLENN A<br>1424 S COMBEE RD<br>LAKELAND, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>FOLSOM, LARRY S<br>1424 S COMBEE RD<br>LAKELAND, FL 33801  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/8/08 863-665-3177**