

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90235 003 ***158.75

DOCUMENT # 475674

1. Entity Name

FOGG REALTY COMPANY, INCORPORATED



Principal Place of Business

404 NORTH MIRAMAR
BOX 3008
INDIALANTIC FL 32903

Mailing Address

404 NORTH MIRAMAR
BOX 3008
INDIALANTIC FL 32903

14041040



MOORE

CR2E034 (11/03)

2. Principal Place of Business

505 RIVER COVE PL
Suite, Apt. #, etc.

3. Mailing Address

505 RIVER COVE PL
Suite, Apt. #, etc.

City & State

Indialantic FL
Zip 32903 Country USA

City & State

Indialantic FL
Zip 32903 Country USA

4. FEI Number

59-1640347

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIDS, CAROL L
404 N MIRAMAR AVENUE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Carol L. Davids
505 RIVER COVE PLACE
Indialantic FL 32903

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME DAVIDS, CAROL L.
STREET ADDRESS 505 RIVER COVE PL.
CITY-ST-ZIP INDIALANTIC FL 32903 ☒ Delete

TITLE PS
NAME DAVIDS, CAROL L.
STREET ADDRESS 404 N MIRAMAR AVENUE
CITY-ST-ZIP INDIALANTIC FL 32903 ☒ Delete

TITLE T
NAME DAVIDS, CAROL L.
STREET ADDRESS 505 RIVER COVE PLACE
CITY-ST-ZIP INDIALANTIC FL 32903 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME Carol L. Davids
STREET ADDRESS 505 RIVER COVE PLACE
CITY-ST-ZIP Indialantic FL 32903 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carol L. Davids Carol L. Davids 4/29/04 321-727-7935