## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 650851** 

Entity Name: FOUNDATION FINANCIAL SERVICES. INC

FILED Apr 14, 2005 Secretary of State

			, 1140.	
Current Principal Place of Business:			New Principal Place of Business:	
12691HWY 98 EAST SUITE 203 DESTIN, FL 32550			12671HWY 98 EAST SUITE 203 DESTIN, FL 32550	
Current Mailing Address:			New Mailing Address	<b>::</b>
PO BOX 6 DESTIN, F				
FEI Number	: 59-2022758	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
12671 HW SUITE 203	<sup>-</sup> , JEROME W /Y 98 EAST 3 FL 32550 US			
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( BURKETT, JE 360 INIDAN B. FREEPORT, F	AY DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VD ( BURKETT, JE 882 THE MAS SHALIMAR, FI	TERS BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V ( FIELDS, DIAN 360 INDIAN B FREEPORT, F	AY DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	VST (	) Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEROME W. BURKETT, SR. PD 04/14/2005

WOLFGRAM, NICHOLAS J

101 INDIAN BAY DRIVE

FREEPORT, FL 32439

Name:

Address:

City-St-Zip: