## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 650851** 

Title:

Name:

Address:

City-St-Zip:

VST

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WOLFGRAM, NICHOLAS J

1077 NAPA WAY

NICEVILLE, FL 32578

Entity Name: FOUNDATION FINANCIAL SERVICES, INC

FILED Apr 30, 2009 Secretary of State

•								
Current Principal Place of Business:				New Principal Place of Business:				
FOUNTAIN	IWY 98 WEST I PLAZA EAST BEACH, FL 32							
Current Mailing Address:			N	New Mailing Address:				
PO BOX 6° MIRAMAR	160 BEACH, FL 32	550						
FEI Number:	59-2022758	FEI Number Applied For()	FEI Numb	er Not Appli	cable ( )	Certificate of Stat	us Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
12671 US FOUNTAIN	JEROME W S HWY 98 WEST I PLAZA EAST BEACH, FL 32	SUITE 203						
The above in the State		ubmits this statement for th	e purpose of c	changing it	s registered	l office or registere	d agent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				Date				
Election Can	npaign Financing	Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	BURKETT, JERO 714 SAILFISH AV		N A	itle: lame: ddress: tity-St-Zip:		( ) Change ( ) Addition	n	
Title: Name: Address: City-St-Zip:	VD () I BURKETT, JERC 882 THE MASTE SHALIMAR, FL	RS BLVD.	N A	itle: lame: ddress: ity-St-Zip:	BURKETT, JI 714 SAILFIS	(X) Change ()Additio EROME W JR H AVENUE ON BEACH, FL 32548		
Title: Name: Address: City-St-Zip:	V () I FIELDS, DIANNE 360 INDIAN BAY FREEPORT, FL	DRIVE	N A	itle: lame: ddress: ity-St-Zip:		()Change ()Addition	n	

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEROME W BURKETT SR PD 04/30/2009

() Change () Addition