

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 653367**  
1. Entity Name  
**FOLIAGE ENTERPRISES, INC.**



Principal Place of Business  
**439 W ORANGE BLOSSOM TRAIL  
P O BOX 880  
APOPKA, FL 32704-0880**

Mailing Address  
**439 W ORANGE BLOSSOM TRAIL  
P O BOX 880  
APOPKA, FL 32704-0880**



04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1966515**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**EILEEN H. RICKETSON  
439 W. ORANGE BLOSSOM TR.  
P.O. BOX 880  
APOPKA, FL 32704**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$350.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICKETSON, JOHN E PRES 439 W ORANGE BLOSSOM TRL APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICKETSON, EILEEN H 439 W. ORANGE BLOSSOM TRAIL APOPKA, FL 32712
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04/26/05-80070-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: John E. Ricketson President 4-18-05 407-886-2777

ENCLOSURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR