

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 840879

1. Entity Name
FOURAKER ELECTRONICS, INC.



Principal Place of Business
**204 E GORDON STREET
VALDOSTA, GA 31601**

Mailing Address
**204 E GORDON STREET
VALDOSTA, GA 31601**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1263461

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOURAKER, ICHABOD
572-D APPELYARD DRIVE
TALLAHASSEE, FL 32304**

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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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P FOURAKER, FOREST 204 E GORDON ST VALDOSTA, GA 31601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOURAKER, HAYWOOD LEE 117 COLLEGE ST MACON, GA 31201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOURAKER, ICHABOD III 572 APPELYARD DRIVE TALLAHASSEE, FL 32304
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01/11/07-80007-003 150.00

**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:

Forrest Fouraker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Forrest Fouraker 10807 229-242-5513

Date

Daytime Phone #