

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # F20618

**1. Entity Name
FOGARTY ENTERPRISES, INC.**



Principal Place of Business
83 CROOKED TREE LANE
APT 106
VERO BEACH, FL 32962 US

Mailing Address
83 CROOKED TREE LANE
APT 106
VERO BEACH, FL 32962 US

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2077891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOGARTY, GEORGE A.
83 CROOKED TREE LANE APT 106
VERO BEACH, FL 32962

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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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
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 SD
NAME FOGARTY, JEFFREY L
STREET ADDRESS 9217 LAKE HICKORY NUT DR
CITY-ST-ZIP WINTER GARDEN, FL

TITLE TD
NAME FOGARTY, MATTHEW J
STREET ADDRESS 1476 14TH COURT
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VD
NAME FOGARTY, RUTH
STREET ADDRESS 83 CROOKED TREE LANE APT 106
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE PD
NAME FOGARTY, GEORGE A
STREET ADDRESS 83 CROOKED TREE LANE APT 106
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE VD
NAME FOGARTY, MARK ALAN
STREET ADDRESS 2688 GREEN VALLEY ROAD
CITY-ST-ZIP SNELLVILLE, GA 30078

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000298143
04/11/05-80056-011 150.00

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IN THIS SPACE**

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:

George A. Fogarty (P.E.S.) 4-8-05 772-567-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #