

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 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**



02082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2077891</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000933174  
05/22/08-80086-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOGARTY, JEFFREY L 9217 LAKE HICKORY NUT DR WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOGARTY, MATTHEW J 1476 14TH COURT VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOGARTY, RUTH 83 CROOKED TREE LANE APT 106 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOGARTY, GEORGE A 83 CROOKED TREE LANE APT 106 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOGARTY, MARK ALAN 2688 GREEN VALLEY ROAD SNELLVILLE, GA 30078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: GEORGE A. FOGARTY P.D.** *George A. Fogarty* **2/9/08** **# 772-321-3961**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #