


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F88318</b> 1. Entity Name <b>THE FOGMASTER CORPORATION</b>																																																																																																																										
Principal Place of Business <b>1051 SW 30TH AVE DEERFIELD BEACH FL 33442 US</b>			Mailing Address <b>1051 SW 30TH AVE DEERFIELD BEACH FL 33442 US</b>																																																																																																																							
2. Principal Place of Business - No P.O. Box #  			3. Mailing Address  																																																																																																																							
Suite, Apt. #, etc.  			Suite, Apt. #, etc.  																																																																																																																							
City & State  			City & State  																																																																																																																							
Zip  		Country  		Zip  																																																																																																																						
Country  		Country  		4. FEI Number <b>59-2207387</b> Applied For <input type="checkbox"/> Not Applicable																																																																																																																						
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																										
6. Name and Address of Current Registered Agent  <b>LATTA, THOMAS M. 1051 SW 30TH AVE DEERFIELD BEACH FL 33442</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																						
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 _____																																																																																																																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees																																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LATTA, THOMAS M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1051 SW 30TH AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DEERFIELD BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LATTA, CARLA H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1051 SW 30TH AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DEERFIELD BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILSON, GRANT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>WESTFORD ROAD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CARLISLE MA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAWKINS, STEVEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1051 SW 30 AVE.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DEERFIELD BEACH FL 33442</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 50%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	LATTA, THOMAS M		STREET ADDRESS	1051 SW 30TH AVE		CITY- ST- ZIP	DEERFIELD BEACH FL		TITLE	ST	<input type="checkbox"/> Delete	NAME	LATTA, CARLA H		STREET ADDRESS	1051 SW 30TH AVE		CITY- ST- ZIP	DEERFIELD BEACH FL		TITLE	D	<input type="checkbox"/> Delete	NAME	WILSON, GRANT		STREET ADDRESS	WESTFORD ROAD		CITY- ST- ZIP	CARLISLE MA		TITLE	VP	<input type="checkbox"/> Delete	NAME	HAWKINS, STEVEN		STREET ADDRESS	1051 SW 30 AVE.		CITY- ST- ZIP	DEERFIELD BEACH FL 33442		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																																																																																																																										
<b>SIGNATURE:</b> <i>Carla Latta</i> <b>CARLA LATTA</b> <b>2/13/07</b> <b>954-481-9975</b>																																																																																																																										