


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # F95083</b>					
1. Entity Name <b>FOGMASTER CONSOLIDATED, INC.</b>					
Principal Place of Business <b>1051 SW 30 AVE DEERFIELD BCH. FL 33442 US</b>			Mailing Address <b>1051 SW 30 AVE DEERFIELD BCH. FL 33442 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LATTA, THOMAS M. 1051 SW 30 AVE DEERFIELD BCH. FL 33442</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2207384** Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	LATTA, THOMAS M			NAME			
STREET ADDRESS	1051 SW 30 AVE			STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BCH. FL			CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	LATTA, CARLA H			NAME			
STREET ADDRESS	1051 SW 30 AVE			STREET ADDRESS			
CITY - ST - ZIP	DEERFIELD BCH. FL			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WILSON, GRANT			NAME			
STREET ADDRESS	WESTFORD ROAD			STREET ADDRESS			
CITY - ST - ZIP	CARLISLE MA			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carla Latta CARLA LATTA 2/24/05 954-481-997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #