

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J36548</b> 1. Entity Name <b>FUGAWEE CORPORATION</b>	
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Principal Place of Business <b>% NANCY AYOTTE 3127 CORRIB DRIVE TALLAHASSEE, FL 32309</b>	Mailing Address <b>% NANCY AYOTTE 3127 CORRIB DRIVE TALLAHASSEE, FL 32309</b>
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02252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2727843</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  <b>AYOTTE, NANCY 3127 CORRIB DRIVE TALLAHASSEE, FL 32309</b>
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**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	<b>P AYOTTE, NANCY 3127 CORRIB DRIVE TALLAHASSEE, FL 32309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP AYOTTE, ARTHUR EDMOND 3127 CORRIB DRIVE TALLAHASSEE, FL 32309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SM AYOTTE, ALEX 20 SHADY SEA CRAWFORDVILLE, FL 32327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/07/07-80075-005 150.00

**DO NOT WRITE  
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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:**

*Nancy Ayotte 2/26/07*