

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90056 048 ***150.00

DOCUMENT # J93279

1. Entity Name
FOURLICO, INC.



Principal Place of Business
**16050 S TAMIAMI TR
SUITE 105
FT. MYERS, FL 33908**

Mailing Address
**16050 S TAMIAMI TR
SUITE 105
FT. MYERS, FL 33908**

60008827



2. Principal Place of Business
**16050 S. TAMIAMI TRAIL
SUITE 105**

3. Mailing Address
SAME
Suite, Apt. #, etc. **SAME**

01092006 Chg-P CR2E034 (11/05)

City & State **FT. MYERS, FL.**
Zip **33912** Country **USA.**

City & State **SAME**
Zip **SAME** Country

4. FEI Number
65-0005888
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDBERG, HARVEY B.
16050 S TAMIAMI TRAIL #105
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP BOONSOPON, ARMON 16050 S TAMIAMI TRAIL #105 FORT MYERS, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BOONSOPON, VILAWAN 16050 S TAMIAMI TRAIL #105 FORT MYERS, FL 33908	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-2006 (239) 482-1140