

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90416 014 \*\*\*150.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # J99761</b><br>1. Entity Name<br><b>FOLEY HOLDINGS CORP.</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>1330 MAIN STREET SUITE 9<br/>SARASOTA, FL 34236</b>  |   |  | Mailing Address<br><b>46 N. WASHINGTON BLVD., #1<br/>SARASOTA, FL 34236</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   | 4. FEI Number<br><b>65-0010436</b>   |  |
| City & State   |   | City & State   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| Zip  | Country   | Zip  | Country   | 6. Name and Address of Current Registered Agent<br><br><b>LPS CORPORATE SERVICES, INC.<br/>46 N. WASHINGTON BLVD., #1<br/>SARASOTA, FL 34236</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | 10. OFFICERS AND DIRECTORS   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPST<br>FOX, L. SUSAN<br>1330 MAIN STREET SUITE 9<br>SARASOTA, FL 34236 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>FOLEY, ANDREW<br>1330 MAIN STREET SUITE 9<br>SARASOTA, FL 34236    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>FOLEY, MEGHAN<br>PO BOX 2496<br>SARASOTA, FL 342302496             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |  |  |
| 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. |   |  |   |  |  |
| <b>SIGNATURE:</b> <i>L. Susan Fox, President</i><br>L. SUSAN FOX, President  |   |  | (941) 383-3759 4-26-06<br>Daytime Phone #                                   |  |  |