


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90042 012 ***150.00

DOCUMENT # J99761
 1. Entity Name
FOLEY HOLDINGS CORP.



Principal Place of Business
**1330 MAIN STREET SUITE 9
 SARASOTA, FL 34236**

Mailing Address
**46 N. WASHINGTON BLVD., #1
 SARASOTA, FL 34236**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.


3. Mailing Address
1727 Waldemere St.
 Suite, Apt. #, etc.

City & State
Sarasota, Florida

Zip
34239

Country
US

40078683



04032008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0010436

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LPS CORPORATE SEVICES, INC.
 46 N. WASHINGTON BLVD., #1
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent
 Name **L. SUSAN FOX**
 Street Address (P.O. Box Number is Not Acceptable)
1727 Waldemere St.
 City **Sarasota** FL Zip Code **34239**

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 *L. Susan Fox* DATE 4-18-2008
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FOX, L. SUSAN 1330 MAIN STREET SUITE 9 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Fox, L. Susan 1727 Waldemere Street, Sarasota FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOLEY, ANDREW 1330 MAIN STREET SUITE 9 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Foley, Andrew 1727 Waldemere Street, Sarasota FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOLEY, MEGHAN PO BOX 2496 SARASOTA, FL 342302496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Foley, Meghan 1064 N. Tamiami Tr. #1507 Sarasota, Florida 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: *L. Susan Fox*, L. SUSAN FOX DATE 4-18-2008 DISTRICT PHONE # 941-544-6648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR