

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K31881**

1. Entity Name

FOLIAGE HUNTERS INC.



Principal Place of Business

% JOYCE M. WONG  
9350 153RD RD S.  
DELRAY BEACH FL 33446

Mailing Address

% JOYCE M. WONG  
9350 153RD RD S.  
DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

OR2E034 (10/05)

4. FEI Number

65-0078605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WONG, JOYCE M.  
17545 WEEPING WILLOW TR  
BOCA RATON FL 33446

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

*(Sam agent)*  
2/1/06  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME WONG, DONNA M.  
STREET ADDRESS 17545 WEEPING WILLOW TR  
CITY-ST-ZIP BOCA RATON FL

TITLE DVP ☐ Delete  
NAME WONG, JOYCE  
STREET ADDRESS 17545 WEEPING WILLOW TR  
CITY-ST-ZIP BOCA RATON FL

TITLE DT ☐ Delete  
NAME WONG, TYRONE  
STREET ADDRESS 17545 WEEPING WILLOW TR  
CITY-ST-ZIP BOCA RATON FL

TITLE DS ☐ Delete  
NAME WONG, RAYMOND  
STREET ADDRESS 17545 WEEPING WILLOW TR  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS 1100000424330  
CITY-ST-ZIP 02/18/06-80045-015 150.00

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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)* JOYCE WONG  
(DIRECTOR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06

Date

(561)  
495-0105

Daytime Phone #