2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000015270

1. Entity Name
MR. FOAMY OF CENTRAL FLORIDA, LLC

Principal Place of Business	Mailing Address
607 TRIUMPH COURT SUITE C ORLANDO, FL 32805	607 TRIUMPH COURT SUITE C ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

01042005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3745063	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHREIBER, MARGARET H
607 TRIUMPH COURT
SUITE C
ORLANDO, FL 32805

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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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MR. FOAMY, INC.
STREET ADDRESS	3411 HANSON STREET, UNIT A
CITY-ST-ZIP	FT. MYERS, FL 33916

TITLE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Margaret H. Schreiber_   Margaret H. Schreiber 1/10/05 407-522-18

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #