

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M78466

1. Entity Name
FOSSITT GROUNDWORK, INC.



Principal Place of Business
**4640 ORANGE BLVD
LAKE MONROE, FL 32747 US**

Mailing Address
**P O BOX 470639
LAKE MONROE, FL 32747-639 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2946039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSSITT, WILLIE L.
1500 NORTH OREGON STREET
SANFORD, FL 32771**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD FOSSITT, WILLIE L. 1500 NORTH OREGON STREET SANFORD, FL 32771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FOSSITT, LORENE F. 1500 NORTH OREGON STREET SANFORD, FL 32771
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAYTON, NIKKI M. 35048 SHADY OAKS LANE FRUITLAND PARK, FL 34731
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/29/05-80018-020 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: *Lorene F. Fossitt* **Lorene F. Fossitt**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05 *407-324-1106*
Date Daytime Phone #