

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N42330

1. Entity Name
FOUNDATION HOLDING II, INC.



Principal Place of Business
**4595 LEXINGTON AVE
SUITE 100
JACKSONVILLE, FL 32210**

Mailing Address
**4595 LEXINGTON AVE
SUITE 100
JACKSONVILLE, FL 32210**



04062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3051580

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILNE, DOUGLAS J
4595 LEXINGTON AVE
SUITE 100
JACKSONVILLE, FL 32210**

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	ASHBY, C.L. G.
STREET ADDRESS	1604 STOCKTON ST
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DVT
NAME	HIGHTOWER, BEN CPA
STREET ADDRESS	1514 NIRA ST ST
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DV
NAME	LEMMEL, DAVID
STREET ADDRESS	1303 PULLEN RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DPS
NAME	MILNE, DOUGLAS J
STREET ADDRESS	4595 LEXINGTON AVE #100
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000757491
05/23/07-80069-011. 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

D J Milne, D J Milne

4/25/07

904.387.5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #