

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000036319

1. Entity Name
FOXLEY'S INC.



Principal Place of Business

8706 MOBLEY ROAD
ODESSA, FL 33556

Mailing Address

6252 FAIRSKIES DR
NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE

FILED
05 JUN 30 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06182005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3640411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECK, SARA B
6252 FAIRSKIES DR
NEW PORT RICHEY, FL 34655

**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

Sara B Eck

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

(NOTE: Registered Agent signature required when reinstating)

6/24/05

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ECK, SARA B
STREET ADDRESS 6252 FAIRSKIES DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE S
NAME ECK, CLIFFORD H
STREET ADDRESS 6252 FAIRSKIES DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

000056780400
06/30/05--01022--007 **150.00

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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:

Sara B Eck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/05 7273728870

Date

Daytime Phone #