


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90068 041 ***150.00

DOCUMENT # P00000055493 1. Entity Name FOOTHOLD, INC.			
Principal Place of Business 6449 TILLERY RD. LAKELAND, FL 33813		Mailing Address 6449 TILLERY RD. LAKELAND, FL 33813	
2. Principal Place of Business - No P.O. Box # 6449 McCall Rd. Suite, Apt. #, etc.		3. Mailing Address 6449 McCall Rd. Suite, Apt. #, etc.	
City & State LAKELAND, FL		City & State LAKELAND, FL	
Zip 33813	Country POLK	Zip 33813	Country POLK
4. FEI Number 59-3651847		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOSKI, ROBERT J 6449 TILLERY RD. LAKELAND, FL 33813		7. Name and Address of New Registered Agent 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 <u><i>Carole L. Ramoski, V.P.</i></u> DATE <u><i>MAY 1, 2007</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAMOSKI, ROBERT J 6449 TILLERY RD. LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAMOSKI, CAROLE L 6449 TILLERY RD. LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u><i>Carole L. Ramoski</i></u> <u><i>CAROLE L. RAMOSKI</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>MAY 1, 2007</i></u> (863) 644-6126 <small>Daytime Phone #</small>	