

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000118681**  
 1. Entity Name  
**FOLKSTONE MANAGEMENT CORPORATION, INC.**



Principal Place of Business  
**1734 HOWELL WILLIAMS ROAD  
 BONIFAY, FL 32425**

Mailing Address  
**POST OFFICE BOX 1079  
 BONIFAY, FL 32425**



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **35-2187001** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GARNER, G.E.  
 1734 HOWELL WILLIAMS ROAD  
 BONIFAY, FL 32425**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

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 **D**  
 NAME **GARNER, EARL G**  
 STREET ADDRESS **POST OFFICE BOX 1079**  
 CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE **D**  
 NAME **BECKY, GARNER**  
 STREET ADDRESS **POST OFFICE BOX 1079**  
 CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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1100000163743  
 07/07/04-80014-022 150.00

**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)(f), 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: G.E. Garner **G.E. GARNER** 7/2/04 860-547-3731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #