

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90128 029 ***150.00

DOCUMENT # P03000054514

1. Entity Name

FOGG LAND MANAGEMENT, INC.



Principal Place of Business

1001 WOODLAWN STREET
STARKE FL 32091

Mailing Address

PO BOX 1302
STARKE FL 32091

2. Principal Place of Business

16397 N.E. 24TH AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 515
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

STARKE, FL

City & State

STARKE, FL

4. FEI Number

04-3758605

Applied For

Not Applicable

Zip

32091

Country

Zip

32091

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONALD L DRUMMOND EA
103 EDWARDS ROAD
STARKE FL 32091

7. Name and Address of New Registered Agent

Name GLENN FOGG

Street Address (P.O. Box Number is Not Acceptable)

16397 N.E. 24TH AVE

City STARKE

FL

Zip Code 32091

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FOGG, GLENN H
STREET ADDRESS 1001 WOODLAWN STREET
CITY- ST- ZIP STARKE FL 32091 ☐ Delete

TITLE D
NAME FOGG, MELODY R
STREET ADDRESS 1001 WOODLAWN STREET
CITY- ST- ZIP STARKE FL 32091 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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:

GLENN H. FOGG - GLENN H. FOGG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05 (904) 364-8300
Date Daytime Phone #