2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059135

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Feb 22, 2008 Secretary of State

Entity Nam	ie: FOSHE	E CONSTRUCTION CO., INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
300 VIRGIN MINNEOLA							
Current Mailing Address:			New Mailii	New Mailing Address:			
300 VIRGIN MINNEOLA							
FEI Number:	74-3092892	FEI Number Applied For ()	El Number Not Appli	icable ()	Certificate of Status Desire	ed ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
FELDMAN, 215 NORTH TAVARES,	ANNAOL H	AVENUE US					
The above in the State		y submits this statement for the purp	ose of changing it	ts registered	office or registered agent,	or both,	
SIGNATUR							
Floories Com		onic Signature of Registered Agent			Date		
Election Cam	paign Financ	ing Trust Fund Contribution ().					
OFFICERS	AND DIRE	CTORS:	ADDITION	S/CHANGES	TO OFFICERS AND DI	RECTORS:	
Title: Name: Address: City-St-Zip:	VP FOSHEE, DA 300 VIRGINI, MINNEOLA,	A STREET	Title: Name: Address: City-St-Zip:	VP (X) FOSHEE, CINI 300 VIRGINIA MINNEOLA, FI	STREET		
Title: Name: Address: City-St-Zip:	P FOSHEE, KE 300 VIRGINI, MINNEOLA,	A STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S FOSHEE, TIF 300 VIRGINI, MINNEOLA,	A STREET	Title: Name: Address: City-St-Zip:	S () FOSHEE, CINI 300 VIRGINIA MINNEOLA, FI	STREET		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CINDI M FOSHEE VΡ 02/22/2008

() Change (X) Addition

FOSHEE, CINDI M

300 VIRGINIA STREET

MINNEOLA, FL 34715