


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90018 024 \*\*\*150.00

<b>DOCUMENT # P04000023503</b> 1. Entity Name <b>DANA C. FOUST, INC.</b>					
Principal Place of Business <b>1629 BELL SHOALS RD BRANDON FL 33511 US</b>			Mailing Address <b>1629 BELL SHOALS RD BRANDON FL 33511 US</b>		
2. Principal Place of Business <b>#506 12500 MCMULLEN LOOP</b> Suite, Apt. #, etc. <b>RIVERVIEW, FLORIDA</b> City & State		3. Mailing Address <b>12500 MCMULLEN LOOP</b> Suite, Apt. #, etc. <b>506</b> City & State <b>RIVERVIEW FLORIDA</b>			
Zip <b>33569</b>		Country <b>US</b>		4. FEI Number <b>20-0625181</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FOUST, DANA C 4260 CASTLEWOOD RD., #18 SEFFNER FL 33584</b>			7. Name and Address of New Registered Agent Name <b>DANA C. FOUST</b> Street Address (P.O. Box Number is Not Acceptable) <b>12500 MCMULLEN LOOP #506</b> City <b>RIVERVIEW</b> <b>FL</b> Zip Code <b>33569</b>		
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><b>DANA C. FOUST PVD</b></u> <u><b>J.C. Foust</b></u> <u><b>3-1-06</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revalidating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PVD</b> <input checked="" type="checkbox"/> Delete NAME <b>FOUST, DANA C</b> STREET ADDRESS <b>4260 CASTLEWOOD RD., #18</b> CITY-ST-ZIP <b>SEFFNER FL 33584</b>			TITLE <b>PVD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>DANA C. FOUST</b> STREET ADDRESS <b>12500 MCMULLEN LOOP #506</b> CITY-ST-ZIP <b>RIVERVIEW, FLORIDA 33569</b>		
TITLE <b>SDT</b> <input checked="" type="checkbox"/> Delete NAME <b>ALFONSO, PHILLIP</b> STREET ADDRESS <b>4260 CASTLEWOOD RD., #18</b> CITY-ST-ZIP <b>SEFFNER FL 33584</b>			TITLE <b>SDT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>PHILLIP ALFONSO</b> STREET ADDRESS <b>1042 AXLEWOOD CIR.</b> CITY-ST-ZIP <b>BRANDON, FLORIDA 33510</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><b>J.C. Foust</b></u> <b>DANA C. FOUST</b> <b>3-1-06</b> <b>(813) 659-9792</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					