


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90017 035 ***150.00

DOCUMENT # P06000076276

1. Entity Name
FOSHEE & ASSOCIATES, INC.



Principal Place of Business
**305 NE 20TH CT
 CAPE CORAL, FL 33909**

Mailing Address
**305 NE 20TH CT
 CAPE CORAL, FL 33909**

40027890



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02202007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
74-3184141

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**FOSHEE, JULIAN G SR.
 305 NE 20TH CT
 CAPE CORAL, FL 33909**

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 _____ 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
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOSHEE, JULIAN G SR.	
STREET ADDRESS	305 NE 20TH CT	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOSHEE, JULIAN G JR.	
STREET ADDRESS	305 NE 20TH CT	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FOSHEE, BOBBIE A	
STREET ADDRESS	305 NE 20TH CT	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FOSHEE, ANN M	
STREET ADDRESS	305 NE 20TH CT	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Julian Foshee* **2/26/07** **229.872.9878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #