

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000078684

**Entity Name:** FOLIAGE IMPORTS CA, INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

808 HAGSTROM ROAD  
PIERSON, FL 32180

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 567  
ASTOR, FL 32102

**New Mailing Address:**

**FEI Number:** 20-5081657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARPER, RUTH L  
808 HAGSTROM ROAD  
PIERSON, FL 32180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HARPER, RUTH L  
Address: PO BOX 567  
City-St-Zip: ASTOR, FL 32102

Title: VICE  
Name: HARPER, ROBERT L  
Address: 2035 SPENCER ST  
City-St-Zip: DELAND, FL 32720

Title: SECR  
Name: HARPER, RUTH L  
Address: PO BOX 567  
City-St-Zip: ASTOR, FL 32102

I hereby 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 on an attachment with all other like empowered.

SIGNATURE: ROBERT L HARPER

VICE

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date