

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000144353

1. Entity Name
A FOAM CONSULTING INC.



FILED
07 MAY -1 AM 9:49
ALACHUA COUNTY, FLORIDA

Principal Place of Business
8357 WRENS WAY
LARGO, FL 33773 US

Mailing Address
~~8357 WRENS WAY~~ 13523 78th AVE
LARGO, FL 33773 US Seminole
F133776



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007 Chg-P CR2E034 (12/06)

4. FEI Number

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSBORNE, WILLIAM
8357 WRENS WAY
LARGO, FL 33773

Name Osborne, William

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

13523 78th AVE

City Seminole

FL

Zip Code

33776

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVP
NAME OSBORNE, WILLIAM
STREET ADDRESS 8357 WRENS WAY
CITY-ST-ZIP LARGO, FL 33773 ☐ Delete

TITLE PVP
NAME Osborne, William
STREET ADDRESS 13523 78th AVE
CITY-ST-ZIP Seminole, FL 33776 ☒ Change ☐ Addition

TITLE S/D
NAME EGGLESTON, TONY
STREET ADDRESS 3014 CONIFER DR
CITY-ST-ZIP LARGO, FL 33773 ☐ Delete

TITLE S/D
NAME Eggleston, Tony
STREET ADDRESS 3014 Conifer Dr
CITY-ST-ZIP LARGO, FL 33773 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

William Osborne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-07

Date

Daytime Phone #