

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000154642**

1. Entity Name  
**FOUR FOOLS INC.**



Principal Place of Business  
**7872 QUIDA DRIVE  
WEST PALM BEACH, FL 33411**

Mailing Address  
**7872 QUIDA DRIVE  
WEST PALM BEACH, FL 33411**



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-2638410**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FALCON, HOWARD J III  
7872 QUIDA DRIVE  
WEST PALM BEACH, FL 33411**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

U000000832796  
02/27/08-80071-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME FALCON, HOWARD J III  
STREET ADDRESS 7872 QUIDA DRIVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE VP  
NAME ST. JOHN, LEON  
STREET ADDRESS 5000 NORTH FLAGLER DRIVE #105  
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE VP  
NAME MCMAHON, ANDREW J JR  
STREET ADDRESS 14837 HORSESHOE TRACE  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VPS  
NAME CHASSEUR, ERNIE  
STREET ADDRESS 2728 ANZIO COURT #308  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-355-2783**

**2/14/08**