


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000042096	
1. Entity Name FOSHALEE MANAGEMENT, INC.	

Principal Place of Business 13646 TENACITY LN TALLAHASSEE, FL 32312-9745 US	Mailing Address 13646 TENACITY LN TALLAHASSEE, FL 32312-9745 US
---	---

DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3188270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AUSLEY, DUBOSE
227 S CALHOUN ST
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IRELAND, KATE 13646 TENACITY LN TALLAHASSEE, FL 32316
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	

U000000089558
03/15/04-80096-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Deborah B. Northcitt Deborah B. Northcitt 3/11/04 850-893-2535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #