

2008 FOLIAGE CORPORATION
ANNUAL REPORT

DOCUMENT # P93000051550

1. Entity Name
G & T FOLIAGE, INC.



Principal Place of Business
88 WEST PONKAN RD.
APOPKA, FL 32703

Mailing Address
P.O. BOX 2067
APOPKA, FL 32704-2067

FILED
Mar 31, 2008 08:00 A
Secretary of State



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2425836

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

TEAL, HANNAH S
88 WEST PONKAN RD.
APOPKA, FL 32703

**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**

U00000875843
04/11/08-80049-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TEAL, HANNAH S
STREET ADDRESS	397 FOREST PARK CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	BIRD, DEBORAH L
STREET ADDRESS	120 W PONKAN RD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-08

407-889-3387

Date Daytime Phone