

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000018761

1. Entity Name
D. P. FOLEY, INC.



Principal Place of Business
**9283 SE SATURN ST
HOBE SOUND, FL 33455 US**

Mailing Address
**P.O. BOX 1072
HOBE SOUND, FL 33475 US**



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0563339

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BASS, DONALD L
7166 S.E. OSPREY ST.
HOBE SOUND, FL 33455**

8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.

SIGNATURE

Cynthia Foley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

**DO NOT WRITE
IN THIS SPACE**

4/2/07

familiar with, and accept

07

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FOLEY, DONALD P
P.O. BOX 1072
HOBE SOUND, FL 33475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FOLEY, CYNTHIA A
P.O. BOX 1072
HOBE SOUND, FL 33475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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04/09/07-80011-001 150.00

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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:

Cynthia Foley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/07