

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-14-2008 90014 022 ***150.00

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1. Entity Name
FOLIAGE DESIGN SYSTEMS OF NORTHEAST FLORIDA, INC.



Principal Place of Business
**2790 CLYDE ROAD
JACKSONVILLE, FL 32207 US**

Mailing Address
**7048 NARCOOSSEE ROAD
ORLANDO, FL 32822 US**

66013737



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

03312008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3335733

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

**HAGOOD, JOHN S
7048 NARCOOSSEE ROAD
ORLANDO, FL 32822**

Name **David Liu**

Street Address (P.O. Box Number is Not Acceptable)
7048 Narcoossee Rd

City **Orlando**

FL

Zip Code
32822

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 the registered agent and, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

David Liu, President 4/16/08

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
NAME **HAGOOD, JOHN S**
STREET ADDRESS **7048 NARCOOSSEE ROAD**
CITY-ST-ZIP **ORLANDO, FL 32822**

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

TITLE **PRES** ☐ Delete
NAME **LIU, DAVID G**
STREET ADDRESS **7048 NARCOOSSEE RD**
CITY-ST-ZIP **ORLANDO, FL 32822**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 prepare 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 filers registered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID LIU

4/3/08

Date

407-245-7776

Daytime Phone #