

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000053023

1. Entity Name  
FOE LANDSCAPING, INC.



**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
3011 ENDSLEY ROAD  
BROOKSVILLE, FL 34609

Mailing Address  
3011 ENDSLEY ROAD  
BROOKSVILLE, FL 34609



07282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3391711

Applied For  
Not Applicable

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

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

FOE, CHARLOTTE M  
3011 ENDSLEY RD  
BROOKSVILLE, FL 34609

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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FOE, STEPHEN O
STREET ADDRESS	3011 ENDSLEY ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	VP
NAME	FOE, CHARLOTTE M
STREET ADDRESS	3011 ENDSLEY ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000957179  
08/06/08-80002-012 150.00

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: Charlotte M. Foe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/08

Date

Daytime Phone #