

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90197 026 ***150.00

DOCUMENT # P99000027821

1. Entity Name
FOUNDATION ASSET MANAGEMENT, INC.



Principal Place of Business
809 WALKERBILT ROAD
NAPLES, FL 34110

Mailing Address
809 WALKERBILT ROAD
NAPLES, FL 34110

60001851



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0910398

Applied For
Not Applicable

Zip

Country

Zip

Country

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

YOUNGS, BRIAN
809 WALKERBILT ROAD
NAPLES, FL 34110

Name

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

SUITE #3

City

FL

Zip Code

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, 2007 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 D ☐ Delete
NAME YOUNGS, BRIAN
STREET ADDRESS 809 WALKERBILT ROAD
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☒ Addition
NAME SUITE #3
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WANDERON, THOMAS SR.
STREET ADDRESS 809 WALKERBILT ROAD
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☒ Addition
NAME SUITE #3
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAMB, JEFFREY R
STREET ADDRESS 809 WALKERBILT ROAD
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☒ Addition
NAME SUITE #3
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

THOMAS WANDERON

1/11/07 239-514-4778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #