

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036172

FILED
Apr 30, 2009
Secretary of State

Entity Name: FOREMAN AND ASSOCIATES, INC.

Current Principal Place of Business:

1001 N. WASHINGTON BLVD
SUITE # 204
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1001 N. WASHINGTON BLVD
SUITE # 204
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0934649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREMAN, MICHAEL S
3585 MISTLETOE LANE
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOREMAN, MICHAEL S
Address: 3585 MISTLETOE LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: FOREMAN, SUSAN
Address: 3585 MISTLETOE LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: RIPLEY, MARK
Address: 4711 PINNACLE DRIVE
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: SEWARD, NELSON
Address: 7305 COUNTY ROAD
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FOREMAN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date