


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2005 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # P99000051203 | |  |
| 1. Entity Name FOUNDRY PRODUCTS, INC. | | |

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|--|--|
| Principal Place of Business 6503 19TH STREET EAST B-1 SARASOTA FL 34243 | Mailing Address 6503 19TH STREET EAST B-1 SARASOTA FL 34243 |
|--|--|



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/04)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent PALMER, J. WESLEY 6005-A 12TH STREET EAST BRADENTON FL 34205 | |
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| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | PALMER, J. WESLEY |
| STREET ADDRESS | 6104-31ST STREET EAST |
| CITY-ST-ZIP | BRADENTON FL 34203 |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | WEATHERSBY, CARTER G |
| STREET ADDRESS | 2150 WHITFIELD AVENUE |
| CITY-ST-ZIP | SARASOTA FL 34243 |
| TITLE | STD <input type="checkbox"/> Delete |
| NAME | YODER, RANDY L |
| STREET ADDRESS | 2150 WHITFIELD AVENUE |
| CITY-ST-ZIP | SARASOTA FL 34243 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UN0000308907 |
| STREET ADDRESS | 04/16/05-80016-010 150.00 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/14/05** **941-753-1881**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #