

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90235 005 \*\*\*158.75

**DOCUMENT # S22540**

1. Entity Name

FOGG REALTY MANAGEMENT CO., INC.



Principal Place of Business

404 N MIRAMAR  
 INDIALANTIC FL 32903  
 US

Mailing Address

404 NORTH MIRAMAR AVENUE  
 INDIALANTIC FL 32903

14021846



MOORE CR2E034 (11/03)

2. Principal Place of Business

505 RIVER COVE PL  
 Suite, Apt. #, etc.

3. Mailing Address

505 RIVER COVE PL.  
 Suite, Apt. #, etc.

City & State

INDIALANTIC FL

Zip 32903  
 Country USA

City & State

INDIALANTIC FL

Zip 32903  
 Country USA

4. FEI Number

59-3047515

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIDS, CAROL L  
 404 NORTH MIRAMAR AVENUE  
 INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name: Carol L. Davids  
 Street Address (P.O. Box Number is Not Acceptable): 505 RIVER COVE PLACE  
 City: INDIALANTIC FL Zip Code: 32903

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

*Carol L. Davids* (Signature)  
 Carol L. Davids (Typed Name)  
 President/owner (Title)  
 4/29/04 (Date)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DAVIDS, CAROL 404 N MIRAMAR AVE INDIALANTIC FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DAVIDS, CAROL 505 RIVER COVE PLACE INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Carol L. Davids* (Signature)  
 Carol L. Davids (Typed Name)  
 4/29/04 (Date)  
 321-727-7935 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #