

# 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

**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**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

Carol L. Davids  
President/owner  
4/29/04

**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** PST ☐ Delete  
**NAME** DAVIDS, CAROL  
**STREET ADDRESS** 404 N MIRAMAR AVE  
**CITY-ST-ZIP** INDIALANTIC FL 32903

**TITLE** ☐ Delete  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**   
**STREET ADDRESS**   
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PST ☒ Change ☐ Addition  
**NAME** DAVIDS, CAROL  
**STREET ADDRESS** 505 RIVER COVE PLACE  
**CITY-ST-ZIP** INDIALANTIC FL 32903

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

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

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**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carol L. Davids  
4/29/04 321-727-7935