

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # S57042**

1. Entity Name  
**FOAMCO SYSTEMS, INC.**



Principal Place of Business  
**4271 PEARL HARBOR DR  
NAPLES, FL 34112**

Mailing Address  
**4271 PEARL HARBOR DR  
NAPLES, FL 34112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004 Chg-P CR2E034 (10/03)

4. FEI Number

65-0267777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**QUINN, JEFFREY C.  
307 AIRPORT PULLING RD N  
NAPLES, FL 33942**

**7. Name and Address of New Registered Agent**

Name

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

**500035551465  
05/06/04--01007--012 \*\*\$1.25**

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **HANSEN, ANTHONY F**  
STREET ADDRESS **4271 PEARL HARBOR DR**  
CITY-ST-ZIP **NAPLES, FL**

TITLE **D** ☐ Delete  
NAME **HANSEN, PATRICIA J**  
STREET ADDRESS **4271 PEARL HARBOR DR**  
CITY-ST-ZIP **NAPLES, FL**

TITLE **D** ☐ Delete  
NAME **HANSEN, TY ANTHONY**  
STREET ADDRESS **4271 PEARL HARBOR DR**  
CITY-ST-ZIP **NAPLES, FL**

TITLE **VP** ☐ Delete  
NAME **HANSEN, SASCHA L**  
STREET ADDRESS **4271 PEARL HARBOR DR**  
CITY-ST-ZIP **NAPLES, FL 34112**

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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **KEY POWELL**  
CITY-ST-ZIP **4271 PEARL HARBOR DR.  
NAPLES, FL 34112**

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:**

*Patricia J. Hansen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PATRICIA J. HANSEN**

**4/18/04**

Date

**239-775-3260**

Daytime Phone #