

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S57042

FILED
Jan 06, 2005
Secretary of State

Entity Name: FOAMCO SYSTEMS, INC.

Current Principal Place of Business:

4271 PEARL HARBOR DR
NAPLES, FL 34112

New Principal Place of Business:

1250 N. TAMIAMI TRAIL, STE 208
NAPLES, FL 34102

Current Mailing Address:

4271 PEARL HARBOR DR
NAPLES, FL 34112

New Mailing Address:

1250 N. TAMIAMI TRAIL, STE 208
NAPLES, FL 34102

FEI Number: 65-0267777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, JEFFREY C.
307 AIRPORT PULLING RD N
NAPLES, FL 33942 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: HANSEN, ANTHONY F,
Address: 4271 PEARL HARBOR DR
City-St-Zip: NAPLES, FL

Title: D (X) Delete
Name: HANSEN, PATRICIA J,
Address: 4271 PEARL HARBOR DR
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: HANSEN, TY ANTHONY,
Address: 4271 PEARL HARBOR DR
City-St-Zip: NAPLES, FL

Title: VP () Delete
Name: HANSEN, SASCHA L
Address: 4271 PEARL HARBOR DR
City-St-Zip: NAPLES, FL 34112

Title: V (X) Delete
Name: KEY, POWELL
Address: 4271 PEARL HARBOR DR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HANSEN, ANTHONY F,
Address: 1250 N. TAMIAMI TRAIL, STE 208
City-St-Zip: NAPLES, FL 34102

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 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 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: ANTHONY F. HANSEN

PRES

01/06/2005

Electronic Signature of Signing Officer or Director

Date