

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

DOCUMENT # S57042

1. Entity Name  
FOAMCO SYSTEMS, INC.



2008 OCT -9 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10012008 Chg-P CR2E034 (12/06)

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)  
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

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
PRES	HANSEN, ANTHONY F	5454 WHITTEN DR	NAPLES, FL 34104	<input checked="" type="checkbox"/>
	HANSEN, TY ANTHONY	4358 BURTRON	NAPLES, FL 34104	<input type="checkbox"/>
VP	HANSEN, GAIL	5454 WHITTEN	NAPLES, FL 34104	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete	Change	Addition
					<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice Pres.					<input checked="" type="checkbox"/>	<input type="checkbox"/>
President.					<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gail M. Hansen Gail M. Hansen

4/30/08 239 2903124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone