

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 291044



1. Entity Name

FOSTER DRUGS & SURGICAL SUPPLIES, INC.

Principal Place of Business

**540 13TH ST W
BRADENTON FL 34205-4482**

Mailing Address

**540 13TH ST W
BRADENTON FL 34205-4482**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1061225**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLOWERS, DONALD S.
540 13TH STREET WEST
BRADENTON FL 34205**

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
FLOWERS, DONALD S.
540-13TH STREET, WEST
BRADENTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
FLOWERS, DONALD S JR
4202 17TH AVE., W.
BRADENTON FL 34205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
SKENE, DIANE E
641 PIG PEN HOLLOW RD.
TOWNSEND TN 37882 ☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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UD00000617970
02/08/07-80008-025 150.00 ☐ Change ☐ Addition

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CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald S. Flowers
DONALD S. FLOWERS PRESIDENT

Date

Daytime Phone #

1-31-07 (541) 748-2274