

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 340371

FILED
Jul 28, 2005
Secretary of State

Entity Name: STEPHEN FOSTER ENTERPRISES OF SUWANNEE COUNTY, INC.

Current Principal Place of Business:

530 S.W. ARREDONDO PL
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

530 S.W. ARREDONDO PL
LAKE CITY, FL 32025

New Mailing Address:

P O BOX 219
LAKE CITY, FL 32056

FEI Number: 59-1260400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAUGHTRY, JR., O.P. MR
530 S.W. ARREDONDO PL
LAKE CITY, FL 32025 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAUGHTRY, JR, O.P. MR
Address: 530 S.W. ARREDONDO PL
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: DAUGHTRY, BETTY J MRS
Address: 530 S.W. ARREDONDO PL
City-St-Zip: LAKE CITY, FL 32025

Title: T () Delete
Name: DAUGHTRY, BETTY J MRS
Address: 530 S.W. ARREDONDO PL
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: O. P. DAUGHTRY, JR

PD

07/28/2005

Electronic Signature of Signing Officer or Director

_____ Date