


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90010 047 ***150.00

DOCUMENT # 598458 1. Entity Name FOSTER, INC.	
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Principal Place of Business 5751 E. SILVER SPRGS BLVD P. O. BOX 156 SILVER SPRINGS, FL 34489 US	Mailing Address 5751 E. SILVER SPRGS BLVD P. O. BOX 156 SILVER SPRINGS, FL 34489 US
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44008804



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1867862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOZIER, G. SHEPERD 9 NE FIRST AVE. OCALA, FL 34470
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, E. L. JR. 2025 SE 12TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, JOSEPHINE 2025 SE 12TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D E. L. FOSTER 2336 SE 12th St Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: E. L. Foster, Jr. (E. L. Foster, Jr.) 1-12-04 332/236-2575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #