2005 FOR PROFIT CORPORATION

FILED 2005 08:00 AM

ANNUAL REPORT				7, 2005 08:00 A
*DOCUMENT # 598458 1. Entity Name FOSTER, INC.			Se	cretary of State
5751 E. SILVER SPRGS BLVD P. O. BOX 156	tailing Address 5751 E. SILVER SPRGS BLVD P. O. BOX 156 SILVER SPRINGS, FL 34489 US		Hana kan kan man haka kan kan kan kan kan kan kan kan kan	
DO NOT WRITE II		021 4. FE	12005 No Chg-P No Chg-P Number 9-1867862 Prtificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Regi	stered Agent			And the second s
DOZIER, G. SHEPERD 9 NE FIRST AVE. OCALA, FL 34470			OO NOT W IN THIS SF	
8. The above named entity submits this statement for the	purpose of changing its registered of	office or registered age	nt, or both, in the State of Flo	orida. I am familiar with, and accept
the obligations of registered agent				
SIGNATURE Signature. Typed or printed name of registered agent and title	e il applicable. (NOTE Registered Age	ent signature required when rei	stating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	9 \$5.00 M. Added to F.		
10. OFFICERS AND DIRE	CTORS			The state of the s
NAME FOSTER, E. L. JR. STREET ADDRESS 2025 SE 12TH ST CITY-ST-ZIP OCALA, FL 34471	-			
TITLE D NAME FOSTER, JOSEPHINE STREET ADDRESS 2025 SE 12TH ST CITY-ST-ZIP OCALA, FL 34471			U00000 02717/05~	233379 80040-020 150.00
NAME FOSTER, E L STREET ADDRESS 23365 E.7TH ST. CITY-ST-ZIP OCALA, FL 34471			DO NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SF	PACE
TITLE NATAE STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS	- ` = = = = = = = = = = = = = = = = = =			

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 it 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 vittpan address, with all other live empowered.

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER ON DIRECTOR