2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 21, 2004 08:00 AM **DOCUMENT # 653308 Secretary of State** FOSTON, INC. Principal Place of Business Mailing Address PO BOX 2236 PANAMA CITY FL 32402 PO BOX 2236 PANAMA CITY FL 32402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1962834 Not Applica \$8.75 Additional Zφ Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOSTER, JAMES L Street Address (P.O. Box Number is Not Acceptable) 659 JENKS AVE PANAMA CITY FL 32405 City 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 according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. THILE Defete HEE ☐ Change U000000009482 FOSTER, CLINTON E NAME MAME 01/21/04-80010-005 150.00 659 JENKS AVE STREET ADDRESS STREET ADDRESS CCTY - ST- ZIP PANAMA CITY FL 32402 CATY-ST-ZW ☐ Change ☐ Aii TEEL E ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP **-**--Change Delete SITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C35Y-ST-78P City-ST-ZIP ☐ Change Au-Delete BHF TITLE MARK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filt ☐ Change TITLE ☐ Defete BALAS NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP IITLE ☐ Change ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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 of the 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANTIES AND TYPEN OR PRINTED HALF ON SIGNING OFFICER OR DIRECTO

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