
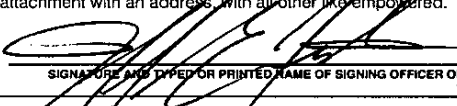


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F94056 1. Entity Name FOSTER MOTOR CO., INC.						FILED 04 DEC 14 PM 3:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3351 W TENNESSEE ST TALLAHASSEE, FL 32304 US				Mailing Address 3351 W TENNESSEE ST TALLAHASSEE, FL 32304 US			
2. Principal Place of Business 4457 HOLDEN R Suite, Apt. #, etc.		3. Mailing Address 4244 W. TENNESSEE ST PMB 329 Suite, Apt. #, etc.					
City & State LAKELAND, FL.		City & State TALLAHASSEE, FL		4. FEI Number 59-2288496		Applied For <input type="checkbox"/> Not Applicable	
Zip 33811		Country USA		Zip 32304		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				12142004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent FOSTER, JEFFREY E. 2619 WHARTON CIR. TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	P FOSTER, JEFFREY E 3351 W TENNESSEE ST TALLAHASSEE, FL 00000,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY E. FOSTER 4244 W. TENNESSEE ST PMB TALLAHASSEE, FL 32304 P, V, S, T		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSTER, REBECCA 3351 W. TENNESSEE ST TALLAHASSEE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  PRES				12-14-04 850-556-8988			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			