


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90037 010 ***150.00

DOCUMENT # F97000006893	
1. Entity Name SALLY FOSTER, INC.	

Principal Place of Business 285 PARKWAY EAST DUNCAN, SC 29334	Mailing Address 2125 BUTTERFIELD ROAD TROY, MI 48084
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2. Principal Place of Business		3. Mailing Address 1414 E. MAPLE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TROY MI	
Zip	Country	Zip 48083	Country USA



03022004 Chg-P CR2E034 (10/03)

4. FEI Number 38-3084766	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. the obligations of registered agent. n the State of Florida. I am familiar with, and accept

SIGNATURE _____ (instating) _____ DATE _____

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	P BITTKER, ALAN 2125 BUTTERFIELD ROAD TROY, MI 48084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ROBERGE, MARIAN 2125 BUTTERFIELD RD TROY, MI 48084 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEVELAND, CAMILLE 2125 BUTTERFIELD RD TROY, MI 48084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STASSEN, ED 2125 BUTTERFIELD ROAD TROY, MI 48084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BERRY, SANDY 2125 BUTTEFIELD RD TROY, MI, 48084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1414 E. MAPLE ROAD TROY, MI 48083 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KEVIN PETRY 1414 E. MAPLE ROAD TROY, MI 48083 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1414 E. MAPLE ROAD TROY, MI 48083 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *x Sandy Bury* **3/4/04** **248-404-1398**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

I, Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if