


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

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

Principal Place of Business 1414 E. MAPLE ROAD TROY, MI 48083-4019	Mailing Address 1414 E. MAPLE ROAD TROY, MI 48083-4019
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03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3084766	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BITTKER, ALAN 1414 E MAPLE RD. TROY, MI 48083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PETRY, KEVIN 1414 E MAPLE RD. TROY, MI 48083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEVELAND, CAMILLE 1414 E MAPLE RD. TROY, MI 48083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STASSEN, ED 1414 E MAPLE RD. TROY, MI 48083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BERRY, SANDY 1414 E MAPLE RD. TROY, MI 48083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000307117
04/15/05-80041-025 150.00

**DO NOT WRITE
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)(f), 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: Sandy Berry 4/8/05 248-404-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #