2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 Al
Secretary of State

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1. Entity Name

MARVIN A. FOSTER & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

871 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714 PO BOX 160398

ALTAMONTE SPRINGS, FL 32716



01112008

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	59-2401579

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

NISI, FRANK 2003 LAKE HOWELL LANE MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the prations of registered agent.	surpose of changing its registe	ered office or r	egistered agent, or bo	oth, in the State	of Florida. I am familia	r with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	if applicable. (NOTE: Registe	ired Agent signatur	e required when reinstating)		DATE		
	LE NOW!!! FEE IS \$150,00 lay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	01/1)00000781537 15/08-80039-	014 150.00	
10.	OFFICERS AND DIREC	CTORS			· ·	. ,	4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, M. ALLEN JR 8413 RIVER BRANCH PL SANFORD, FL 32771				; .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOSTER, BRENDA 8413 RIVER BRANCH PL SANFORD, FL 32771							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _

CITY-SY-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

1/11/08

(407) 389-355