

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # K06028

1. Entity Name
INQUIRY AND IMPROVEMENT, INC.



Principal Place of Business
**% BARBARA F. FOSTER
2531 GOOSE POND CT.
TALLAHASSEE, FL 32308**

Mailing Address
**% BARBARA F. FOSTER
2531 GOOSE POND CT.
TALLAHASSEE, FL 32308 US**



03242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2861699

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOSTER, BARBARA F.
2531 GOOSE POND CT.
TALLAHASSEE, FL 32308**

**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 _____

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
After May 1, 2007 Fee will be \$550.00**

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

000000684548
04/06/07-80053-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FOSTER, BARBARA F.
STREET ADDRESS 2531 GOOSE POND CT.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME FOSTER, RAY E
STREET ADDRESS 2531 GOOSE POND
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara F Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2007 *850-386-1337*
Date Daytime Phone #