

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K06028

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: INQUIRY AND IMPROVEMENT, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2861699      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FOSTER, BARBARA F.  
Address: 2531 GOOSE POND CT.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: FOSTER, RAY E  
Address: 2531 GOOSE POND CT  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FOSTER, BARBARA F.  
Address: 2531 GOOSE POND CT.  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D (X) Change ( ) Addition  
Name: FOSTER, RAY E  
Address: 2531 GOOSE POND CT  
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA F. FOSTER

PRES

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date