2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000087781

Entity Name: PHIL FOSTER SERVICES LLC

Current Principal Place of Business:

7925 B 8 MILE CREEK RD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

7925 B 8 MILE CREEK RD
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 20-1955868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, PHILLIP R
7925 B 8 MILE CREEK RD
PENSACOLA, FL 32526 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

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	FOSTER, PHILLIP R	
Address:	7925 B 8 MILE CREEK RD	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	MGRM	( ) Delete
Name:	FOX, RODNEY L	
Address:	7925 B 8 MILE CREEK RD	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	MGRM	( ) Delete
Name:	WAGNER, SHARON F	
Address:	1170 HARBOR LN	
City-St-Zip:	GULF BREEZE, FL 32563	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PHILLIP R FOSTER MGRM 04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date