


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90017 027 ***150.00

DOCUMENT # P00000043253

1. Entity Name
JOHN & JANE FOSTER, INC.



Principal Place of Business: **701 RIVERSIDE PARK PLACE
 110
 JACKSONVILLE, FL 32204**

Mailing Address: **701 RIVERSIDE PARK PLACE
 110
 JACKSONVILLE, FL 32204**

2. Principal Place of Business: **4570 ST. JOHN'S AVENUE
 SUITE 1A**

3. Mailing Address: **4570 ST. JOHN'S AVENUE
 SUITE 1A**

City & State: **JACKSONVILLE, FL**

City & State: **JACKSONVILLE, FL**

Zip: **32210** Country: **USA**

Zip: **32210** Country: **USA**



03042004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**YONG, FRANK J
 701 RIVERSIDE PARK PLACE
 JACKSONVILLE, FL 32204**

4. FEI Number: **59-3648815**

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

7. Name and Address of New Registered Agent

Name: **- SAME -**

Street Address (P.O. Box Number is Not Acceptable): **4570 ST. JOHN'S AVENUE
 SUITE 1A**

City: **JACKSONVILLE** FL Zip Code: **32210**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: DPST	<input type="checkbox"/> Delete
NAME: FOSTER, JOHN SR	
STREET ADDRESS: 701 RIVERSIDE PARK PLACE	
CITY-ST-ZIP: JACKSONVILLE, FL 32204	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: - SAME -	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: - SAME -	
STREET ADDRESS: 4570 ST. JOHN'S AVENUE, SUITE 1A	
CITY-ST-ZIP: JACKSONVILLE, FL 32210	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **John Foster Jr** **JOHN M. FOSTER JR** **3-09-2004** **336-861-0003 ext 224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #