## ~2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # P00000043253 JOHN & JANE FOSTER, INC. Principal Place of Business Mailing Address 4579 ST. JOHNS AVE. STE: 1A 4570 ST. JOHNS AVE. STE, 1A JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 02122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3648815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent YONG, FRANK J DO NOT WRITE 4570 ST JOHNS AVE. \_ STE. 1A IN THIS SPACE JACKSONVILLE, FL 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, typed or printed hams of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE NAME FOSTER, JOHN SR STREET ADDRESS 4570 ST. JOHNS AVE., STE. 1A CITY-ST-ZIP JACKSONVILLE, FL 32210 U00000299107 04/11/05-80055-608 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

2. 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:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16/2002

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