

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000100705

1. Entity Name
FOSTER APPRAISAL INC.



Principal Place of Business

2459 JERRY CIRCLE
PORT ORANGE, FL 32128

Mailing Address

2459 JERRY CIRCLE
PORT ORANGE, FL 32128



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0642106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOSTER, CATHIE
2459 JERRY CIRCLE
PORT ORANGE, FL 32128

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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

U00000367985
05/23/05-80008-015 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME FOSTER, CATHIE
STREET ADDRESS 2459 JERRY CIRCLE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE VP
NAME FOSTER, SCOTT
STREET ADDRESS 2459 JERRY CIRCLE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE S
NAME FOSTER, CATHIE
STREET ADDRESS 2459 JERRY CIRCLE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE T
NAME FOSTER, SCOTT
STREET ADDRESS 2459 JERRY CIRCLE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Cathie M. Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

Daytime Phone #