2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 26, 2004 8:00 am **Secretary of State** DOCUMENT # P02000107303 02-26-2004 90009 003 ***150.00 FOSTER'S ON THE AVENUE, INC. Principal Place of Business Mailing Address 1676 HIGHLAND VIEW CT ORANGE PARK FL 32003 1034 SO. EDGEWOOD AVE. 11141046 JACKSONVILE FL 32005 2. Principal Place of Business 3. Mailing Address 1034 So, Edgeword 40 Fox Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 43-1978059 acksomille Oronge Not Applicable \$8.75 Additional 5. Certificate of Status Desired Duval 32073 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, F WALDO Street Address (P.O. Box Number is Not Acceptable) 1676 HIGHLAND VIEW CT ORANGE PARK FL 32003. 2073 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change PD ■ Addition TITLE □ Delete TITLE FOSTER, JANET L NAME NAME 40 Fox Walley STREET ADDRESS 1676 HIGHLAND VIEW CT STREET ADDRESS **ORANGE PARK FL 32003** CITY-ST-7IP CITY-ST-7IP VD TITLE □ Delete TITLE Addition FOSTER, MARY R NAME NAME Fox Valley Dr. 1676 HIGHLAND VIEW CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32003 CITY-ST-ZIP TITLE STD Delete TITLE FOSTER, F WALDO NAME STREET ADDRESS STREET ADDRESS 1676 HIGHLAND VIEW CT CITY-ST-ZIP ORANGE PARK FL 32003 CITY-ST-7IP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

SIGNATURE:

FILED