


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90028 022 ***150.00

| | | | |
|---|---|--|--|
| DOCUMENT # P02000126365 1. Entity Name FOSTER MARKETING COMMUNICATIONS GROUP, INC. | |  | |
| Principal Place of Business 223 N. 12TH ST., SUITE 308 TAMPA, FL 33602 | | Mailing Address 223 N. 12TH ST., SUITE 308 TAMPA, FL 33602 | |
| 2. Principal Place of Business 600 S. MAGNOLIA AVE | | 3. Mailing Address 600 S. MAGNOLIA AVE | |
| Suite, Apt. #, etc. 350 | | Suite, Apt. #, etc. 350 | |
| City & State TAMPA FL | | City & State TAMPA FL | |
| Zip 33606 | | Zip 33606 | |
| Country USA | | Country USA | |
| 4. FEI Number 51-0438581 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FOSTER, JOHN A JR. 223 N. 12TH ST., SUITE 308 TAMPA, FL 33602 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600 S MAGNOLIA AVE SUITE 350 City TAMPA FL Zip Code 33606 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOSTER, JOHN A JR. 223 N. 12TH ST., SUITE 308 TAMPA, FL 33602 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 S. MAGNOLIA AVE #350 TAMPA FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 1-15-05 Daytime Phone # 813-223-4545 | |