


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000000131</b>	
<b>1. Entity Name</b> CLIFFORD FOSTER, III, P.A.	

<b>Principal Place of Business</b> 732 HIGHWAY 98 EAST DESTIN, FL 32541	<b>Mailing Address</b> 732 HIGHWAY 98 EAST DESTIN, FL 32541
---	---



02272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1166034	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  FOSTER, CLIFFORD III 732 HIGHWAY 98 EAST DESTIN, FL 32541
---

**DO NOT WRITE  
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 reappointing) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> FOSTER, CLIFFORD III 732 HIGHWAY 98 EAST DESTIN, FL 32541
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

U000000652257  
03/12/07-80011-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **DATE:** 2/16/07 **Daytime Phone #** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR