

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130377

FILED
Feb 20, 2007
Secretary of State

Entity Name: JOHN A. FOSTER & SON PLUMBING, INC.

Current Principal Place of Business:

707 NE 25TH AVENUE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

707 NE 25TH AVENUE
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-0378140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, JOHN A SR.
2009 SE 16TH LANE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

FOSTER, JOHN A SR.
10590 NE 29TH AVE
ANTHONY, FL 32617 US

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.

SIGNATURE: JOHN A. FOSTER SR.

02/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSTER, JOHN A SR.
Address: 2009 S.E. 16TH LANE
City-St-Zip: OCALA, FL 34471

Title: VD () Delete
Name: FOSTER, JOHN A JR.
Address: 7289 HEMLOCK ROAD
City-St-Zip: OCALA, FL 34472

Title: STD () Delete
Name: FOSTER, LINDA F
Address: 2009 S.E. 16TH LANE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOSTER, JOHN A SR.
Address: 10590 NE 29TH AVE
City-St-Zip: ANTHONY, FL 32617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: FOSTER, LINDA F
Address: 10590 NE 29TH AVE
City-St-Zip: ANTHONY, FL 32617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA F. FOSTER

STD

02/20/2007

Electronic Signature of Signing Officer or Director

Date