

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90404 034 ***150.00

DOCUMENT # P04000026212

1. Entity Name
BRIAN ANTHONY FOSTER, INC.



Principal Place of Business

**1814 FERN PALM DRIVE
EDGEWATER, FL 32132**

Mailing Address

**1814 FERN PALM DRIVE
EDGEWATER, FL 32132**

50012441



2. Principal Place of Business

1818 Fern Palm Drive

3. Mailing Address

1818 Fern Palm Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272006 Chg-P CR2E034 (11/05)

City & State

Edgewater, FL

City & State

Edgewater, FL

4. FEI Number

20-0734588

Applied For

☐ Not Applicable

Zip

32132

Country

USA

Zip

32132

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOSTER, BRIAN A
11818 FERN PALM DRIVE
EDGEWATER, FL 32132**

7. Name and Address of New Registered Agent

Name
Brian A Foster

Street Address (P.O. Box Number is Not Acceptable)

1818 Fern Palm Drive

City
Edgewater

FL

Zip Code
32132

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FOSTER, BRIAN A**
STREET ADDRESS **4586 COW CREEK ROAD**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Brian A Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06
Date

386-428-1838
Daytime Phone