

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 05, 2008 08:00 AM  
Secretary of State

DOCUMENT # P04000083861

1. Entity Name  
MIKE FOSTER CONSTRUCTION, INC.



Principal Place of Business  
396 SW TODD AVE  
PORT ST LUCIE, FL 34983

Mailing Address  
396 SW TODD AVE  
PORT ST LUCIE, FL 34983



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1491732

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FOSTER, SR., MICHAEL T  
396 SE TODD AVE  
PORT ST LUCIE, FL 34983

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

000000947403  
06/02/08-80014-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, SR., MICHAEL T 396 SE TODD AVE PORT ST LUCIE, FL 34983
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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: *Michael T. Foster* May 1, 08 2042299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #