Check # 094

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State
01-19-2007 90032 032 ***158.75

DOCUMENT # P06000116570

1. Entity Name
FOSTER'S GENERAL CONTRACTING, INC.

Principal Place of Business	Mailing Address
16107 NORTH COUNTY ROAD 125 GLEN ST. MARY, FL 32040	~~16107 NORTH COUNTY ROAD 125~~ ~~GLEN ST. MARY, FL 32040~~ 10174 Hilliard Ave.

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10174 N. Hillard Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Glen St. Mary FL	City & State
Zip: 32040 Country: U.S.	Zip Country

4. FEI Number: 20-5571974 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOSTER, ROBERT D 16107 NORTH COUNTY ROAD 125 GLEN ST. MARY, FL 32040	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOSTER, ROBERT D 16107 NORTH COUNTY ROAD 125 GLEN ST. MARY, FL 32040 ☐ Delete	TITLE / NAME / STREE / CITY-	ge ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FOSTER, MORRIS 16107 NORTH COUNTY ROAD 125 GLEN ST. MARY, FL 32040 ☐ Delete	TITLE / NAME / STREE / CITY-	ge ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

ORS IN 11

10174 North Hilliard Ave. Glen St Mary This our office address

Please Change 16107 N County Rd 125 ~~is~~ Is Home Address

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: _____ Robert Foster 1-12-07 (904) 653-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #