

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90185 008 \*\*\*150.00

<b>DOCUMENT # P07000050553</b> 1. Entity Name <b>FOSTERS TRANSPORTING, INC.</b>			
Principal Place of Business <b>11350 SALT POND DR JACKSONVILLE, FL 32219</b>		Mailing Address <b>11350 SALT POND DR JACKSONVILLE, FL 32219</b>	
2. Principal Place of Business - No P.O. Box # <b>1401 Riverplace Blvd</b> Suite, Apt. #, etc. <b># 2604</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Jacksonville, FL</b> Zip <b>32207</b>	
City & State <b>Jacksonville, FL</b>		City & State  Zip  Country	
4. FEI Number <b>13-4358680</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FOSTER, SAGE 11350 SALT POND DR JACKSONVILLE, FL 32219</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1401 Riverplace Blvd #2604</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>	
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 <u><i>Sage Foster</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/27/08</u>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P FOSTER, SAGE R <input type="checkbox"/> Delete	TITLE	P <del>Sage Foster Sage R</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11350 SALT POND DR	STREET ADDRESS	<del>1401 Riverplace Blvd #2604</del> <input checked="" type="checkbox"/> Address
CITY-ST-ZIP	JACKSONVILLE, FL 32219	CITY-ST-ZIP	<del>Jacksonville, FL 32207</del>
TITLE	V <input type="checkbox"/> Delete	TITLE	Foster, Desirae <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11350 SALT POND DR	STREET ADDRESS	<del>1401 Riverplace Blvd #2604</del> <input checked="" type="checkbox"/> Address
CITY-ST-ZIP	JACKSONVILLE, FL 32219	CITY-ST-ZIP	<del>Jacksonville, FL 32207</del>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u><i>Sage Foster</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>2/27/08</u> <u>904/449-0881</u> Date Daytime Phone #	