

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-02-2008 90162 044 ***150.00

DOCUMENT # P07000065074 1. Entity Name THE FOSTER LAW GROUP, P.A.					
Principal Place of Business 333 SOUTH PLANT AVENUE TAMPA, FL 33606 US			Mailing Address 333 SOUTH PLANT AVENUE TAMPA, FL 33606 US		
2. Principal Place of Business - No P.O. Box # 1005 N. Marion St. Suite, Apt. #, etc.			3. Mailing Address 1005 N. Marion St. Suite, Apt. #, etc.		
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 02-0808127	
Zip 33602		Country USA		5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, DONALD A 333 SOUTH PLANT AVENUE TAMPA, FL 33606				7. Name and Address of New Registered Agent Name: Donald A. Foster Street Address (P.O. Box Number is Not Acceptable) 1005 N. Marion St. City: Tampa, FL Zip Code: 33602	
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 date if applicable (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FOSTER, DONALD A STREET ADDRESS 333 SOUTH PLANT AVENUE CITY-ST-ZIP TAMPA, FL 33606	☐ Delete		TITLE P NAME Foster, Donald A. STREET ADDRESS 1005 N. Marion St. CITY-ST-ZIP Tampa, FL 33602	☒ Change ☐ Addition	
TITLE VP NAME FOSTER, KRISTINA J STREET ADDRESS 333 SOUTH PLANT AVENUE CITY-ST-ZIP TAMPA, FL 33606	☐ Delete		TITLE VP NAME Foster, Kristina J. STREET ADDRESS 1005 N. Marion St. CITY-ST-ZIP Tampa, FL 33602	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/29/08 Date Daytime Phone #		

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