


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000017296</b> 1. Entity Name FOSTER/FREIJOMEL ARCHITECTURE, INC.	
---	---

Principal Place of Business 51 SW FLAGLER AVENUE STUART, FL 34994	Mailing Address 51 SW FLAGLER AVENUE STUART, FL 34994
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



07302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0402413	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  CORPORATE ACCESS INC. 238 E 6TH AVE TALLAHASSEE, FL 32303	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD FOSTER, JOHN 51 SW FLAGLER AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FREIJOMEL, NELO 51 SW FLAGLER AVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000172486  
09/24/04-80001-009 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** W. J. Foster **Sep 8-04** **772-2978550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #