

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014151

Entity Name: FOSTH ACCOUNTING, P.A.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

1008 GOODLETTE ROAD N
201
NAPLES, FL 34102

Current Mailing Address:

1008 GOODLETTE ROAD N
201
NAPLES, FL 34102

New Principal Place of Business:

501 GOODLETTE ROAD N
D304
NAPLES, FL 34102

New Mailing Address:

501 GOODLETTE ROAD N
D304
NAPLES, FL 34102

FEI Number: 65-0112963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTH, CATHERINE M
1008 GOODLETTE ROAD N
201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

FOSTH, CATHERINE M
501 GOODLETTE ROAD N
D304
NAPLES, FL 34102 US

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.

SIGNATURE: CATHERINE M FOSTH

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOSTH, CATHERINE M
Address: 1008 GOODLETTE RD N, STE 201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOSTH, CATHERINE M
Address: 501 GOODLETTE RD N, STE D304
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE M FOSTH

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date