## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000063048**

1. Entity Name

FOSTER'S MARINE GROUP, INC.



Principal Place of Business Ma

2945 W. STATE ROAD 84

FORT LAUDERDALE, FL 33312

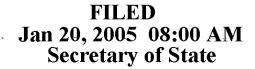
Mailing Address

2945 W. STATE ROAD 84

A2

SIGNATURE AND TYPED OR PRINTED HAMOUF SIGNING OFFICER OR DIRECTOR

FORT LAUDERDALE, FL 33312





DO	NOT	WRITE	IN	<b>THIS</b>	SPA	CE
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01172005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 65-0849064 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, DENNIS 2945 W. STATE ROAD 84 A2 FORT LAUDERDALE, FL 33312

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

		Withinfolder		-, 4	
8. The above the obligat	named entity submits this statement for the plans of registered agent.	turpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered /	Agent signature	required when rematating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIREC	TORS			·
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, DENNIS 2945 W. STATE ROAD 84 A2 FORT LAUDERDALE, FL 33312			·	U00000187047 01/21/05-80080-012 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>				 
12. I hereby of indicated of the corchanged,	certify that the information supplied with his fill on this report or supplemental report is true a poration or the rebeilyer or trustee empowered or on an attachment/with an address with all	ing does not qualify for the exem ind accurate and that my signatur I to execute this report as require pitier like empowered.	ption state re shall hav d by Chap	d in Section 119.07(3) ve the same legal effe ter 607, Florida Statut	(i), Fiorida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if