

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90021 024 \*\*\*150.00

**DOCUMENT # P98000107420**

1. Entity Name  
**KOSTER SOLUTIONS, INC.**



Principal Place of Business  
**11126 PONDVIEW DR  
APT D  
ORLANDO, FL 32825**

Mailing Address  
**11126 PONDVIEW DR  
APT D  
ORLANDO, FL 32825**

**94006127**



2. Principal Place of Business  
**831 Camargo Way**

3. Mailing Address  
**831 Camargo Way**

Suite, Apt. #, etc.  
**212**

Suite, Apt. #, etc.  
**212**

01082004 Chg-P CR2E034 (10/03)

City & State  
**Altamonte Springs, FL**

City & State  
**Altamonte Springs, FL**

4. FEI Number  
**59-3553564**

Applied For  
☐ Not Applicable

Zip  
**32714**

Country  
**Seminole**

Zip  
**32714**

Country  
**Seminole**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOSTER, PATRICK G  
11126 PONDVIEW DR  
APT D  
ORLANDO, FL 32825**

7. Name and Address of New Registered Agent

Name **Koster, Patrick G.**  
Street Address (P.O. Box Number is Not Acceptable)  
**831 Camargo Way**  
**Apt # 212**  
City **Altamonte Springs FL** Zip Code **32714**

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]** **PATRICK G KOSTER PRESIDENT** **1/8/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KOSTER, PATRICK G</b>	
STREET ADDRESS	<b>11126 PONDVIEW DR APT D</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32825</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Koster Patrick G.</b>	
STREET ADDRESS	<b>831 Camargo Way #212</b>	
CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **[Signature]** **PATRICK G. KOSTER** **1/8/04** **4077745253**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #