


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90083 030 \*\*\*150.00

**DOCUMENT # P98000107420**

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



Principal Place of Business  
**831 CAMARGO WAY**  
**212**  
**ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address  
**831 CAMARGO WAY**  
**212**  
**ALTAMONTE SPRINGS, FL 32714 US**

2. Principal Place of Business  
**1286 Lamplighter Dr NW**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1286 Lamplighter Dr NW**  
 Suite, Apt. #, etc.

City & State  
**Palm Bay, FL**


City & State  
**Palm Bay, FL**

Zip  
**32907**

Country  
**USA**

Zip  
**32907**

Country  
**USA**



03022005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3553564**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KOSTER, PATRICK G**  
**831 CAMARGO WAY**  
**APT 212**  
**ALTAMONTE SPRINGS, FL 32714**

**7. Name and Address of New Registered Agent**


Name  
**Koster, Patrick G.**

Street Address (P.O. Box Number is Not Acceptable)  
**1286 Lamplighter Dr NW**

City  
**Palm Bay**

FL Zip Code  
**32907**

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  **Patrick G. Koster, President** 3/2/05

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P	NAME KOSTER, PATRICK G	<input type="checkbox"/> Delete
STREET ADDRESS 831 CAMARGO WAY 212		
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Koster, Patrick G.	
STREET ADDRESS 1286 Lamplighter Dr NW	
CITY-ST-ZIP Palm Bay, FL 32907	
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:  **Patrick G. Koster** 3/2/05 **321 427 6947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #