

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 487781

**Entity Name:** FOSTERS' EXOTIC PET CENTERS, INC.

**Current Principal Place of Business:**

40116 US 19  
TARPON SPRINGS, FL 34689-5446

**Current Mailing Address:**

40116 US 19  
TARPON SPRINGS, FL 34689-5446 US

**FEI Number:** 59-1626105

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FOSTER, GARY  
6453 PARKSIDE DR  
NEW PORT RICHEY, FL 34653 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VP  
Name FOSTER, GARY  
Address 6453 PARKSIDE DR  
City-State-Zip: NEW PORT RICHEY FL 34653

Title P  
Name FOSTER, BRUCE  
Address 9046 JASMINE BLVD  
City-State-Zip: NEW PORT RICHEY FL

Title S  
Name FOSTER, SAMANTHA  
Address 9046 JASMINE BLVD.  
City-State-Zip: PORT RICHEY FL 34654

Title T  
Name FOSTER, KEITH  
Address 7110 CYPRESS KNOLL  
City-State-Zip: NEW PORT RICHEY FL 34653

*I hereby 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 all other like empowered.*

**SIGNATURE:** GARY FOSTER

**VICE PRESIDENT**

**03/16/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date