


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AF)**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90025 028 \*\*\*150.00

**DOCUMENT # 293580**  
 1. Entity Name  
**FORWARD ENGINEERING, INC.**



Principal Place of Business      Mailing Address  
**6565 BEACH BLVD**      **PO BOX 16553**  
**JACKSONVILLE FL 32216**      **JACKSONVILLE FL 32245**

**66012318**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1112086**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**STOKER, GARY L.**  
**4177 STACEY ROAD**  
**JACKSONVILLE BCH. FL 32250**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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]*      DATE: **5/19/08**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008, Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PTV	<input type="checkbox"/> Delete
NAME	STOKER, GARY L.	
STREET ADDRESS	4177 STACEY ROAD	
CITY- ST- ZIP	JACKSONVILLE BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLBROOK, LEON	
STREET ADDRESS	6849 LA LOMA DR	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKER, GARY L	
STREET ADDRESS	4177 SACEY RD W.	
CITY- ST- ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLBROOK, LEON	
STREET ADDRESS	6849 LA LOMA DR.	
CITY- ST- ZIP	JACKSONVILLE FL	
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		<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 exemptions contained in Section 119, 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. I declare 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 information provided.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/19/08 904 724 1488**  
 Date      Daytime Phone #