


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90026 026 ***158.75

DOCUMENT # L28627

1. Entity Name
NEW HAMPSHIRE AND VERMONT RAILROAD, COMPANY



Principal Place of Business
P O BOX 1267
~~TRENTON FL~~
TRENTON FL 32693
US

Mailing Address
P. O. BOX 1267
TRENTON FL 32693
US

04004343



MOORE CR2E034 (11/03)

2. Principal Place of Business
1022 EAST WADE ST

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
TRENTON FL
 Zip
32693 Country

4. FEI Number
02-0436682

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FORBES, BRADLEY E
416 NORTH MAIN STREET
TRENTON FL 32693

7. Name and Address of New Registered Agent
 Name
CLYDE S FORBES
 Street Address (P.O. Box Number is Not Acceptable)
1022 EAST WADE ST
 City
TRENTON FL Zip Code
32693

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  **CLYDE S FORBES** DATE **1-27-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D <input type="checkbox"/> Delete
NAME	FORBES, CLYDE S.
STREET ADDRESS	416 N MAIN ST
CITY-ST-ZIP	TRENTON FL
TITLE	SD <input type="checkbox"/> Delete
NAME	FORBES, BRADLEY E
STREET ADDRESS	416 N MAIN ST
CITY-ST-ZIP	TRENTON FL
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	<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:  **CLYDE S FORBES** DATE **1-27-04** DAYTIME PHONE # **352-463-1103**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR