

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90045 028 \*\*\*150.00

**DOCUMENT # P03000136334**

1. Entity Name  
**FOREST VENDING, INC.**



Principal Place of Business <b>2235 SW FOREST HILLS LANE PALM CITY, FL 34990 PALM</b>	Mailing Address <b>2235 SW FOREST HILLS LANE PALM CITY, FL 34990 PALM</b>
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**24020013**



2. Principal Place of Business <b>SAME</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01152004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip <b>34990</b>	Country <b>U.S.A</b>
Country <b>U.S.A</b>	Zip <b>34990</b>

4. FEI Number <b>52-2417143</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

**PUMPHREY, GERALD R. ESQ.**  
**11000 PROSPERITY FARMS ROAD**  
**SUITE 300**  
**PALM BEACH GARDENS, FL 33410**

**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 \_\_\_\_\_ (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>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>PUMPHREY, GERALD R. ESQ.</b>	
STREET ADDRESS <b>11000 PROSPERITY FARMS ROAD SUITE 300</b>	
CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33410</b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Ralph Sobel</b>	
STREET ADDRESS <b>2235 SW Forest Hills Lane</b>	
CITY-ST-ZIP <b>Palm City, FL 34990</b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employed.

SIGNATURE: Ralph Sobel President 3/22/04 Date 772-219-3360 Daytime Phone #