2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056314

Title:

Name:

Address:

City-St-Zip:

DOS

HOLLY, BRIAN H

114 TIVOLI PARK RD

CENTERVILLE, GA 31028

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Entity Name: FORESTECH CONSULTING, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 316 WILLIAMS STREET TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** 316 WILLIAMS STREET TALLAHASSEE, FL 32303 FEI Number: 59-3524763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLIGAN, MARK M 3115 ORTEGA DR TALLAHASSEE, FL 323121818 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VCTO () Delete Title: PRFS (X) Change () Addition MILLIGAN, MARK M Name: Name: MILLIGAN, MARK M 3115 ORTEGA DR 3115 ORTEGA DR Address: Address: City-St-Zip: TALLAHASSEE, FL 323121818 City-St-Zip: TALLAHASSEE, FL 323121818 Title: VCFO Title: VΡ () Delete (X) Change () Addition DAVIS, RICHARD Name: DAVIS, RICHARD Name: 5995 COLONEL SCOTT DRIVE 5995 COLONEL SCOTT DRIVE Address: Address: TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition GREENE, ROGER H Name: Name: 4941 PIMLICO DRIVE Address: Address: TALLAHASSEE, FL 32308 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARK M. MILLIGAN **PRES** 01/04/2005

() Change () Addition