

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000056314**

1. Entity Name  
**FORESTECH CONSULTING, INC.**



Principal Place of Business  
**316 WILLIAMS STREET  
 TALLAHASSEE, FL 32303**

Mailing Address  
**316 WILLIAMS STREET  
 TALLAHASSEE, FL 32303**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3524763** Applied For  
 Not Applicable

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

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

**MILLIGAN, MARK M  
 3115 ORTEGA DR  
 TALLAHASSEE, FL 32312-1818**

**DO NOT WRITE  
 IN THIS SPACE**

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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTO MILLIGAN, MARK M 3115 ORTEGA DR TALLAHASSEE, FL 323121818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIGAN, MARK M 3115 ORTEGA DR TALLAHASSEE, FL 323121818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DAVIS, RICHARD III 5995 COLONEL SCOTT DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVSD DAVIS, RICHARD III 5995 COLONEL SCOTT DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLY, BRIAN H 114 TIVOLI PARK RD CENTERVILLE, GA 31028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000372114  
 01/10/06-80008-017 150.00

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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; 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:** *Mark M. Milligan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/6/06*  
 Date

Daytime Phone # \_\_\_\_\_