


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000056314 1. Entity Name FORESTECH CONSULTING, INC.	
--	---

FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business 3059 HIGHLAND OAKS TERRACE TALLAHASSEE, FL 32301	Mailing Address 3059 HIGHLAND OAKS TERRACE TALLAHASSEE, FL 32301
--	--



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3524763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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: Mark M. Milligan DATE: 7/3/2008

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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DO NOT WRITE
IN THIS SPACE

U00000953687
07/03/08-80001-029 150.00

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 Mark M. Milligan DATE: 7/3/08 DAYTIME PHONE #: 850-289-7667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR