

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 300505

FILED
Jan 07, 2009
Secretary of State

Entity Name: FOREST GROVES, INC.

Current Principal Place of Business:

610 OLD HIGHWAY 17
CRESCENT CITY, FL 32112

New Principal Place of Business:

Current Mailing Address:

PO BOX 968
CRESCENT CITY, FL 32112

New Mailing Address:

FEI Number: 59-1159990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWBOLD, JOHN R III
610 OLD HIGHWAY 17 NORTH
CRESCENT CITY, FL 32112 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: NEWBOLD, JOHN R III,
Address: 610 OLD HIGHWAY 17
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: NEWBOLD, JOHN R JR,
Address: 566 OLD HWY 17
City-St-Zip: CRESCENT CITY, FL 32112

Title: TD () Delete
Name: NEWBOLD, JACQUELINE, M
Address: 566 OLD HWY 17
City-St-Zip: CRESCENT CITY, FL 32112

Title: SD () Delete
Name: NEWBOLD, LAURA P
Address: 610 OLD HWY 17 NORTH
City-St-Zip: CRESCENT CITY, FL 32112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JACQUELINE M NEWBOLD

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date