

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 340789
1. Entity Name
FORCAST MARINE, INC.



Principal Place of Business
**7070 15TH ST E
SARASOTA FL 34243**

Mailing Address
**7070 15TH ST E
SARASOTA FL 34243**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1230102

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**WAGNER, R V III
7070 15TH ST E
SARASOTA FL 34243**

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 constituting)

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

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE	T	☐ Delete
NAME	WAGNER, TIMOTHY	
STREET ADDRESS	7070 15TH ST E	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	P	☐ Delete
NAME	WAGNER, JAY	
STREET ADDRESS	7070 15TH ST E	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VP	☐ Delete
NAME	WAGNER, FRED	
STREET ADDRESS	7070 15TH ST E	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	S	☐ Delete
NAME	WAGNER, R V III	
STREET ADDRESS	7070 15TH ST E	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Timothy D Wagner* *Timothy D Wagner* 3/20/06 841-708 356