
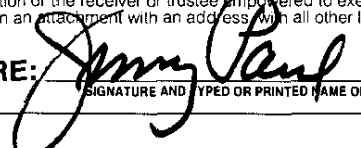


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90063 029 \*\*\*150.00

<b>DOCUMENT # F00000001812</b> 1. Entity Name <b>FOREST MANAGER CORP.</b>					
Principal Place of Business <b>ATTN: TAX DEPT</b> <b>3701 CAMBRIDGE COURT, #300</b> <b>AUBURN HILLS, MI 48326</b>			Mailing Address <b>ATTN: TAX DEPT</b> <b>3701 CAMBRIDGE COURT, #300</b> <b>AUBURN HILLS, MI 48326</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			4. FEI Number <b>38-3514187</b> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Name and Address of Current Registered Agent  <b>LEE, RICHARD E ESQ</b> <b>KATZ, KUTTER, HAIGLER</b> <b>106 E. COLLEGE AVENUE, #1200</b> <b>TALLAHASSEE, FL 32301</b>		
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ADLER, STEVEN P</b> <b>2701 CAMBRIDGE CT, #300</b> <b>AUBURN HILLS, MI 48326</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>Jimmy Paul</b> <b>2701 Cambridge Ct #300</b> <b>Auburn Hills MI 48326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WINTER, TERRY J</b> <b>2701 CAMBRIDGE CT, #300</b> <b>AUBURN HILLS, MI 48326</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Laurie Van Rendonck</b> <b>2701 Cambridge Ct #300</b> <b>Auburn Hills MI 48326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BAUMAN, COLLEEN T</b> <b>2701 CAMBRIDGE CT, #300</b> <b>AUBURN HILLS, MI 48326</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LOMBARDO, JOSEPH P</b> <b>2701 CAMBRIDGE CT, #300</b> <b>AUBURN HILLS, MI 48326</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLLINS, JOHN JR.</b> <b>2701 CAMBRIDGE CT, #300</b> <b>AUBURN HILLS, MI 48326</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOT</b> <b>FEUERISEN, ANDREW</b> <b>2701 CAMBRIDGE CT, #300</b> <b>AUBURN HILLS, MI 48326</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> 			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>Jimmy Paul</b>		
			Date <b>1/7/04</b>		Daytime Phone # <b>248-340-7753</b>

24002172



01062004 Chg-P CR2E034 (10/03)

attachment

24002172

# F0000000001812

**FOREST MANAGER CORP.**

**BOARD OF DIRECTORS**

John J. Collins, Jr.

**OFFICERS**

**Name**

**Title**

John J. Collins, Jr.

President & Secretary

Jimmy Paul

Assistant Treasurer

Laurie Van Ramdonck

Treasurer

**ADDRESS**

The address for all of the above individuals is:

**2701 Cambridge Court, Suite 300  
Auburn Hills, MI 48326**