


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90165 049 ***150.00

| | | |
|---|--|---|
| DOCUMENT # G02768 | |  |
| 1. Entity Name FORSBERG CONSTRUCTION, INC. | | |

| | |
|--|---|
| Principal Place of Business 6475 GOLF COURSE BLVD. PUNTA GORDA, FL 33982 | Mailing Address PO DRAWER 511447 PUNTA GORDA, FL 33951-1447 |
|--|---|

50047351



| | | | |
|--------------------------------|---------|---|----------------------|
| 2. Principal Place of Business | | 3. Mailing Address 99 NESBIT STREET | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State PUNTA GORDA FL | |
| Zip | Country | Zip 33950 | Country US |

04272005 Chg-P CR2E034 (10/03)

| | | |
|--|--|--|
| 4. FEI Number 59-2223536 | | 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 HACKETT, JACK O ES 99 NESBIT STREET PUNTA GORDA, FL 33950 | | 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 _____
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, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WENDORF, BRUCE L 424 SW 38TH PL CAPE CORAL, FL 33991 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1891 INDIAN CREEK DR. NORTH FORT MYERS, FL 33917 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST WENDORF, RICHARD L 173 ALBERT LN PT. CHARLOTTE, FL <input 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 | V MARSH, GREGG V 23284 PAINTER AVENUE PORT CHARLOTTE, FL 33954 <input 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 | <input 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 | <input 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 | <input 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.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

941-637-8500
Daytime Phone #