

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G44701

FILED
Jun 29, 2005
Secretary of State

Entity Name: FOREST GLEN LODGES, INC.

Current Principal Place of Business:

FOREST GLEN LODGE
7435 PLATHE RD
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

C/O L. TODD MASCO
2007 BRINSON RD 5103
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: 59-2433439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCO, BARBARA J
2007 BRINSON RD 5103
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

MASCO, BARBARA J
50 RIDGECROFT LN
SAFETY HARBOR, FL 346952661 US

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: _____

06/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MASCO, BARBARA J
Address: 2717 SAVILLE BLVD APT 12204
City-St-Zip: CLEARWATER, FL 337651188

Title: P () Delete
Name: MASCO, LESLIE T
Address: 2007 BRINSON RD 5103
City-St-Zip: LUTZ, FL 33558

Title: S () Delete
Name: HORODECKA, JOANNA
Address: 3474 KILLDEER PLACE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MASCO, BARBARA J
Address: 50 RIDGECROFT LN
City-St-Zip: SAFETY HARBOR, FL 346952661

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 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 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: LESLIE TODD MASCO

P

06/29/2005

Electronic Signature of Signing Officer or Director

Date