

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G80037

1. Entity Name
FOREST OAK CORPORATION



Principal Place of Business
**9020 RANCHO DEL RIO DRIVE, SUITE 127
NEW PORT RICHEY, FL 34655 US**

Mailing Address
**9020 RANCHO DEL RIO DRIVE, SUITE 127
NEW PORT RICHEY, FL 34655 US**

FILED

05 JUL -5 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2376370	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEEB, ALEX R -
9020 RANCHO DEL RIO DRIVE, SUITE 125
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DEEB, ALEX R 9020 RANCHO DEL RIO DR STE 127 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEEB, THOMAS P 9020 RANCHO DEL RIO DR STE 127 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINDELAR, MARJOIRE H 9020 RANCHO DRL RIO DR SUITE 122 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/05--01011--023 **308.75

**DO NOT WRITE
IN THIS SPACE**

1/31/12

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05

Date

727-376-6831

Daytime Phone #

ALEX R. DEEB, PRESIDENT