## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT

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DOCUMENT # G80037 FOREST OAK CORPORATION

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

Principal Place of Business

Mailing Address

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

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



01252006

No Chg-P

CR2E034 (11/05)

59-2376370

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

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			\$		
<ol> <li>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.</li> </ol>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinstating) DATE					DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				\$5.00 May Be Added to Fees	U00000475573 04/05/06-80021-012 158.75
10,	OFFICERS AND DIREC	(ORS			
TITLE NAME STREET AODRESS CHY-S1-ZIP	DPT DEEB, ALEX R 9020 RANCHO DEL RIO DR STE 127 NEW PORT RICHEY, FL 34655				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DV DEEB, THOMAS P 9020 RANCHO DEL RIO DR STE 127 NEW PORT RICHEY, FL 34655	•			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	S SINDELAR, MARJOIRE H 9020 RANCHO DRL RIO DR SUITE 12 NEW PORT RICHEY, FL 34655	2	DO NOT WRITE		
title Mame Street address City-St-Zip			IN THIS SPACE		
THTLE NAME			]		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and eccurate and that my signature shall have the same legal effect as it 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 it changed, or on an attachment with-an address, with all other like empowered.

SIGNATURE: &

STREET ADDRESS CITY-ST-ZIP TITLE 202045 STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED HAME OF SIGNING OFFICER OR DIRECTOR