

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # H62818

1. Entity Name
PARK FOREST DEVELOPMENT CORP.



Principal Place of Business
**P.O. BOX 21238
SARASOTA, FL 34276-4238 US**

Mailing Address
**P.O. BOX 21238
SARASOTA, FL 34276-4238 US**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1645811

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MICHAEL
4441 SOUTH TAMiami TRAIL, STE B
SARASOTA, FL 34231**

**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

Michael J. Johnson **Michael J. Johnson**

2/15/05

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 PD
NAME TERRY, EDWARD L.
STREET ADDRESS 2401 LAKE PARK DRIVE, SUITE 355
CITY-ST-ZIP SMYRNA, GA 30080

TITLE VAS
NAME JOHNSON, MICHAEL
STREET ADDRESS 4441 SOUTH TAMiami TRAIL, STE B
CITY-ST-ZIP SARASOTA, FL 34231

TITLE V
NAME JOHNSON, MICHAEL
STREET ADDRESS 4441 SOUTH TAMiami TRAIL, STE B
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000236122
02/21/05-80006-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Michael J. Johnson **Michael J. Johnson V.P.** *2/15/05* *941-927-7884*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #