



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K24578</b>		
1. Entity Name <b>FOREST VILLAGE LAND COMPANY</b>		
Principal Place of Business <b>% GEORGE H. KNOTT 1625 HENDRY ST #301 FT MYERS, FL 33901</b>		Mailing Address <b>1563 MEADE DR O FALLON, IL 62269-6683 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01172004 No Chg-P CR2ED34 (10/03)
		4. FEI Number <b>65-0177773</b> <div style="border:1px solid black; width:100%; text-align:right; padding:2px;">Applied For Not Applicable</div>
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>KNOTT, GEORGE H. 1625 HENDRY ST SUITE 301 FT MYERS, FL 33901</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>1000000099166</b> <b>03/30/04-80002-007 150.00</b>
TITLE	DPT	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	<b>WILLIAMS, RONALD D.</b>	
STREET ADDRESS	<b>1563 MEADE DR</b>	
CITY- ST- ZIP	<b>O'FALLON, IL 622696683</b>	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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CITY- ST- ZIP		
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: <u><i>Ronald D. Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>3/12/04</i></u> <small>Date</small>
		<u><i>6186245901</i></u> <small>Daytime Phone #</small>