2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000055858



FILED Feb 02, 2005 8:00 am **Secretary of State**

02-02-2005 90053 038 ***150.00

1. Entity Name FORGET ME NOT ENTERPRISES, INC. უსსსებაა Principal Place of Business Mailing Address 2531 LANDMARK DRIVE **2531 LANDMARK DRIVE** SUITE 205 SUITE 205 CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business 3. Mailing Addres 7981 - ONSEWAY 7981-CA Suite, Apt. #, etc. Suite, Apt. #, etc 01132005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3660243 Not Applicable \$8.75 Additional Pinellas 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LONG, HERBERT C 2531 LANDMARK DRIVE SUITE 205 CLEARWATER, FL 33761 260 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 tered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition NAME TIBBETTS, MAYNARD NAME 7981 CAUSEWAY BLVD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33707 CITY-ST-ZIP STD Delete TITLE TITLE ☐ Change ☐ Addition TIBBETTS, EILEEN NAME NAME STREET ADDRESS 7981 CAUSEWAY BLVD N STREET ADDRESS CITY_ST-ZIP SAINT PETERSBURG, FL 33707 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. (1-31-05 (727-343-1902 SIGNATURE: MAYN ARD