

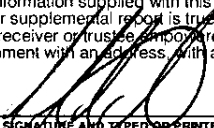


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Oct 01, 2004 8:00 am**  
**Secretary of State**

10-01-2004 90002 027 \*\*\*150.00

<b>DOCUMENT # P01000084101</b> 1. Entity Name <b>FORDE GROUP, INC.</b>					
Principal Place of Business <b>842 HUCKLEBERRY LANE WINTER SPRINGS, FL 32708</b>			Mailing Address <b>842 HUCKLEBERRY LANE WINTER SPRINGS, FL 32708</b>		
2. Principal Place of Business <b>12157 W. LINEBAUGH Suite, Apt. #, etc. #179</b>		3. Mailing Address <b>12157 W. LINEBAUGH Suite, Apt. #, etc. #179</b>			
City & State <b>TAMPA, FL 33626</b>		City & State <b>Tampa, FL 33626</b>		4. FEI Number <b>01-0705523</b>	
Zip <b>USA</b>		Zip <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FORDE, COLIN 842 HUCKLEBERRY LANE WINTER SPRINGS, FL 32708</b>				7. Name and Address of New Registered Agent Name <b>FORDE, COLIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>12248 Countrywhite Circle</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33635</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FORDE, COLIN 842 HUCKLEBERRY LANE WINTER SPRINGS, FL 32708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FORDE, COLIN 12248 Countrywhite Circle TAMPA, FL 33635</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STV FORDE, GARETH 842 HUCKLEBERRY LANE WINTER SPRINGS, FL 32708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STV FORDE, GARETH 12248 Countrywhite Circle TAMPA, FL 33635</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			<b>9/29/04</b> <b>(813)230-6268</b> Date Daytime Phone #		

**Forde Group, Inc.**  
**EIN: 01-0705523**  
**Period: 2004**

Attachment  
54023821  
Div. # 01000084101

**Attachment to the 2004 For Profit Corporation Annual Report:**

The above referenced taxpayer is filing their 2004 annual report after the original due date of May 1, 2004. The taxpayer did not willfully neglect to file the report late or avoid paying the \$150.00 fee. The taxpayer did not receive any pre-printed report in the mail during 2004 as they had in prior years. The taxpayer did receive notice from the Division of Corporations; however, the notice was received late and was sent to the wrong address. Upon finding this mistake, the taxpayer has taken all steps necessary to file and pay the tax due.

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We ask that you respectfully abate any penalties that may be assessed and update your records to reflect that the taxpayer's account is in good standing.

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