


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000093169 1. Entity Name FOREST & LAKES PLANTATION, INC.	
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Principal Place of Business 700 BRICKELL AVE NORTHERN TR. BANK. MIAMI, FL 33131	Mailing Address 700 BRICKELL AVE ATTN: N STROH MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1658243	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT  
701 BRICKELL AVE STE 8000  
MIAMI, FL 33181

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, STEPHEN A III 700 BRICKELL AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST STROH, NANCY W 700 BRICKELL AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOOMEY, JAMES K 700 BRICKELL AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRETT, TOMMY 5801 HIGHWAY 79 VERNON, FL 334623873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KERESTES, BRUCE S 700 BRICKELL AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORTER, GLENN 700 BRICKELL AVE MIAMI, FL 33131

U00000606030  
01/30/07-80062-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: Nancy W. Stroh 1-23-07 305-789-1563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #