


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90095 025 ***150.00

DOCUMENT # P01000093169
 1. Entity Name
 FOREST & LAKES PLANTATION, INC.



Principal Place of Business Mailing Address
 700 BRICKELL AVE 700 BRICKELL AVE
 NORTHERN TR. BANK. ATTN: N STROH
 MIAMI, FL 33131 MIAMI, FL 33131

40003004



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT
701 BRICKELL AVE STE 8000
MIAMI, FL 33104
INTERAMERICAN CORPORATE SERVICES, LLC
2525 PONCE DE LEON BLVD, 1225
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 <input type="checkbox"/> Delete 700 BRICKELL AVE MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST STROH, NANCY W <input type="checkbox"/> Delete 700 BRICKELL AVE MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TOOMEY, JAMES K <input type="checkbox"/> Delete 700 BRICKELL AVE MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GARRETT, TOMMY <input type="checkbox"/> Delete 5801 HIGHWAY 79 VERNON, FL 334623873 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KERESTES, BRUCE S <input type="checkbox"/> Delete 700 BRICKELL AVE MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input checked="" type="checkbox"/> Delete PORTER, GLENN 700 BRICKELL AVE MIAMI, FL 33131 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 D. Stroh, V.P., Secretary & Treas. 1-9-08 305-787-1563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #