2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

ANNOAL KLI OK I						Co4					
DOCUMENT # P02000010810 1. Entity Name FOREST'S PROPERTIES, INC.						Secretary of State 05-04-2006 90250 020 ***150.00					
				Soo ave							
	TIC BLVD., STE. 100	Mailing Address 2275 ATLANTIC BLVD.,	00				U	,,,,,	V.		
NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 3226				56		 	ı İbriya ildir səril əsili di	esii kin iini 31 0 14 0 01			
2. Principal P	ace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		04272006 Chg-P CR2E034 (11/05)						
City & State		City & State			4. FEI Number 75-2980067				plied For t Applicable		
Zip Country		Zip Cou		try		5. Certificate	of Status Desired		See Required		
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered A	gent		
SORRELL, MARY C ESQ				Name							
NEPTUNE	NTIC BLŸD., STE. 100 BEACH, FL 32266		Street Address (P.O. Box Number is Not Acceptable)								
				City				FL	Zip Code	e	
The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.						ed agent, or bo	th, in the State of F		amiliar with,	and accept	
SIGNATURE											
Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.						00 May Be ed to Fees					
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S (N) 11	
TITLE	D	☐ Delete	TITL	<u> </u>	DP		O I I I I GEO TO G	TOLIOTIID	Change	Addition	
NAME	HIONIDES, CHRIS	_ 5555	NAM	E	D 1	10				_	
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CITY-ST-ZiP			-	-ST-ZIP						- Addition	
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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:

4/27/06

May follows 4, shature and typed on printed name of signing officer or director

Date

Daytime Phone #