

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90039 031 \*\*\*150.00

**DOCUMENT # P02000016404**

**1. Entity Name**

**FORISTER BUILDERS OF FLORIDA, INC.**



**Principal Place of Business**

**10672 QUAIL RIDGE DR  
SAINT AUGUSTINE FL 32095**

**Mailing Address**

**10672 QUAIL RIDGE DR  
SAINT AUGUSTINE FL 32095**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**03-0394886**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SMITH HULSEY & BUSEY  
225 WATER STREET STE 1800  
JACKSONVILLE FL 32202**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** FONISTER, WAYNE  
**STREET ADDRESS** 10672 QUAIL RIDGE DR  
**CITY-ST-ZIP** SAINT AUGUSTINE FL 32095

**TITLE** ☐ Change ☐ Addition  
**NAME** FORISTER, WAYNE  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VPD ☐ Delete  
**NAME** FONISTER, TRIGG  
**STREET ADDRESS** 10623 LEGENDS LN  
**CITY-ST-ZIP** AUSHIN TX 78947

**TITLE** ☐ Change ☐ Addition  
**NAME** FORISTER, TRIGG  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/04**

Date

**(904)825-9921**

Daytime Phone #