

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

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**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0394886

Applied For
Not Applicable

5. Certificate of Status Desired **XI** **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FORISTER, WAYNE
STREET ADDRESS 10672 QUAIL RIDGE DR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32095

TITLE VPD
NAME FORISTER, TRIGG
STREET ADDRESS 10623 LEGENDS LN
CITY-ST-ZIP AUSHIN, TX 78847

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

U00000533991
05/06/06-80145-004 158.75

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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: _____

Wayne Forister

4/21/06 (512)847-3122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #