
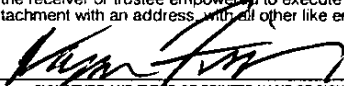


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90052 035 ***158.75

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|--|--|--|--|--|--|
| 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 - No P.O. Box # 10672 Quail Ridge Dr. | | 3. Mailing Address 10672 Quail Ridge Dr. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Ponte Vedra, FL | | City & State Ponte Vedra, FL | | 4. FEI Number 03-0394886 | |
| Zip 32081 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 32081 | | Country JSA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET STE 1800 JACKSONVILLE, FL 32202 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FORISTER, WAYNE <input type="checkbox"/> Delete 10672 QUAIL RIDGE DR SAINT AUGUSTINE, FL 32095 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ponte Vedra, FL 32081 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD FORISTER, TRIGG <input type="checkbox"/> Delete 10623 LEGENDS LN AUSHIN, TX 78947 | | 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"/> Delete | | 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"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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:  | | | Wayne Forister | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 4/02/08 (512)847-3122 | | |