

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90073 049 \*\*\*158.75

**DOCUMENT # P02000045454**

1. Entity Name

FOREST LAKE ACQUISITION GROUP, INC.



Principal Place of Business

6429 FOREST LAKE DRIVE  
ZEPHYRHILLS FL 33540

Mailing Address

6429 FOREST LAKE DRIVE  
ZEPHYRHILLS FL 33540

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 02-0613868

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

BERNSTEIN, DAVID S ESQ.  
150 SECOND AVENUE NORTH  
SUITE 1700  
ST. PETERSBURG FL 33701

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 DP ☒ Delete  
NAME FERRARO, NICHOLAS J  
STREET ADDRESS 446 RAFAEL BOULEVARD NE  
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE DIRECTOR/PRESIDENT ☒ Change ☒ Addition  
NAME EDGAR IRVING  
STREET ADDRESS 6233 PRESIDENTIAL CIRCLE  
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE VPD ☐ Delete  
NAME BABINO, EDWARD  
STREET ADDRESS 6026 PRESIDENTIAL CIRCLE  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE D ☒ Delete  
NAME IRVING, EDWARD  
STREET ADDRESS 6233 PRESIDENTIAL CIR  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME CHARLES, EMILE  
STREET ADDRESS 5725 VIAU WAY  
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE STD ☐ Delete  
NAME SOLMONSON, ROBERT  
STREET ADDRESS 41068 BREAM CIRCLE  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE D ☐ Delete  
NAME MCCOMAS, CONNIE  
STREET ADDRESS 5901 TWILIGHT DR  
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: ROBERT SOLMONSON Robert Solmonson SECY/TREASURER

MARCH 10, 2004

813-715-7307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #