## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000045454

Title:

Name:

Address: City-St-Zip:

Entity Name: FOREST LAKE ACCURATION C

FILED May 05, 2005 Secretary of State

Entity Name: FOREST LAKE ACQUISITION GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 6429 FOREST LAKE DRIVE ZEPHYRHILLS, FL 33540 **Current Mailing Address: New Mailing Address:** 6429 FOREST LAKE DRIVE ZEPHYRHILLS, FL 33540 FEI Number: 02-0613868 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERNSTEIN, DAVID S ESQ 150 SECOND AVENUE NORTH **SUITE 1700** ST. PETERSBURG, FL 33701 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition IRVING, EDGAR Name: Name: 6233 PRESIDENTIAL CIRCLE Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: VPD Title: Title: () Delete () Change () Addition Name: BABINO, EDWARD Name: 6026 PRESIDENTIAL CIRCLE Address: Address: ZEPHYRHILLS, FL 33540 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CHARLES, EMILE Name: Name: 5725 VIAU WAY Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: Title: STD ( ) Delete Title: STD (X) Change ( ) Addition SOLMONSON, ROBERT SOLMONSON, ROBERT Name: Name: Address: 41068 BREAM CIRLCLE Address: 41068 BREAM CIRCLE City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: ZEPHYRHILLS, FL 33540

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT SOLMONSON ST 05/05/2005

() Delete

MCCOMAS, CONNIE

5901 TWILIGHT DR

ZEPHYRHILLS, FL 33540

(X) Change ( ) Addition

HAFFLY, WILLIAM

ZEPHYRHILLS, FL 33540

5729 VIAU WAY