

2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-25-2005 90004 022 ***150.00
P02000058827

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05182005 Chg-P CR2E034 (10/03)

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| DOCUMENT # P02000058827 | | | | | |
| 1. Entity Name C.G. FORTE, INC. | | | | | |
| Principal Place of Business 785 WINDERMERE WAY PALM BEACH GARDENS, FL 33418 | | | Mailing Address 785 WINDERMERE WAY PALM BEACH GARDENS, FL 33418 | | |
| 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 30-0092590 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MORGAN, SHERI 143 YACHT CLUB DR. #16 NORTH PALM BEACH, FL 33408 | | | Name <i>Sheri Morgan</i> Street Address (P.O. Box Number is Not Acceptable) <i>4336 US Hwy 1 Suite 301 North Palm Beach FL 33408</i> | | |
| 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 | | | DATE <i>5/18/05</i> | | |
| Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) | | | DATE | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FORTE, COLIN G 785 WINDERMERE WAY PALM BEACH GARDENS, FL 33418 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD Forte, Colin 5974 Whirlaway rd. Palm Beach Gardens FL 33418-7788 | <input checked="" 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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| 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: | | | Date _____ Daytime Phone # _____ | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date _____ Daytime Phone # _____ | | |