

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90008 026 ***150.00

DOCUMENT # P02000100170 1. Entity Name YVONNE A. FORREST LMT, INC.																																	
Principal Place of Business 1710 DREW ST #6 CLEARWATER, FL 33755 <i>please change address to new address</i>			Mailing Address 1710 DREW ST #6 CLEARWATER, FL 33755																														
2. Principal Place of Business 529 S. Martin Luther King Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		44049451 																													
City & State Clearwater, FL		City & State		4. FEI Number 52-2376888																													
Zip 33756		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent FORREST, YVONNE A 1710 DREW ST #6 CLEARWATER, FL 33755 <i>NEW ADDRESS:</i> 529 S. Martin Luther King Ave. Clearwater, FL 33755				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D FORREST, YVONNE A 1710 DREW ST #6 CLEARWATER, FL 33755 <i>new address see above</i> </td> </tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORREST, YVONNE A 1710 DREW ST #6 CLEARWATER, FL 33755 <i>new address see above</i>													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> <tr><td colspan="2" style="height: 40px;"> </td></tr> </table>			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: <i>Yvonne Forrest</i> 7/19/04 727-298-0434 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	

Attachment
44049451

Yvonne A. Forrest, LMT, Inc.
102 S. Comet Ave
Clearwater, FL 33765

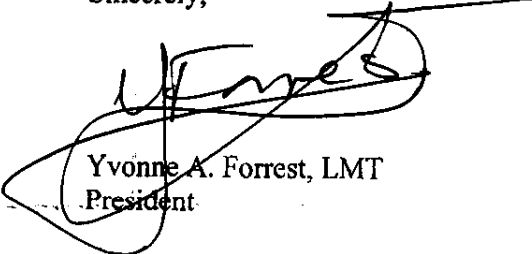
July 19, 2004

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Yvonne A. Forrest, LMT
Document No. P02000100170

Our Corporation did not receive our Uniform Business form. Some old mail was not forwarded to my current address as shown above. We are submitting a completed form from your Web Page along with our check for the \$150 renewal fee. Thank you.

Sincerely,


Yvonne A. Forrest, LMT
President