

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000101017

1. Entity Name

FORECAST FINANCIAL CORPORATION



Principal Place of Business

10859 EMERALD COAST PARKWAY WEST
SUITE 204-330
DESTIN, FL 32550 US

Mailing Address

10859 EMERALD COAST PARKWAY WEST
SUITE 204-330
DESTIN, FL 32550 US



01102007

No Chg-P

CR2E034 (11/05)

4. FEI Number

76-0713576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, CRAIG G
10859 EMERALD COAST PARKWAY WEST
SUITE 204-330
DESTIN, FL 32550

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000586546
01/16/07-80058-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
SMITH, CRAIG G
10859 EMERALD COAST PARKWAY W, #204 - 330
DESTIN, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SMITH, CATHY L
10859 EMERALD COAST PARKWAY W, #204-330
DESTIN, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, or in any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Craig Smith President 1/12/07 850-835-1564