

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 14, 2004 8:00 am  
Secretary of State**

01-14-2004 90011 013 \*\*\*150.00

**DOCUMENT # P03000016239**

1. Entity Name  
**DONNA J. FORREST, INC.**



Principal Place of Business

15130 TETHERCLIFT STREET  
DAVIE, FL 33331

Mailing Address

15130 TETHERCLIFT STREET  
DAVIE, FL 33331

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01122004 Chg-P CR2E034 (10/03)

**61-1440226**

Applied For  
Not Applicable

4. FEI Number

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORREST, DONNA J  
15130 TETHERCLIFT STREET  
DAVIE, FL 33331

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: P  
NAME: FORREST, DONNA  
STREET ADDRESS: 15130 TETHERCLIFT STREET  
CITY-ST-ZIP: DAVIE, FL 33331

Delete

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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

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TITLE:  Delete  
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STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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

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: *Donna J. Forrest* 1-12-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #