



FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000018150						Feb 21, 2005 08:00 AM					
1. Entity Name FORESTER MANOR, INC.								Secretary of State			
Principal Place of Business 38911 PRETTY POND ROAD ZEPHYRHILLS FL 33540				Mailing Address 38911 PRETTY POND ROAD ZEPHYRHILLS FL 33540							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1st MOORE CR2E034 (10/04)			
City & State				City & State				4. FEI Number 75-3099587		Applied For Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORESTER, GEORGE 38911 PRETTY ROND ROAD ZEPHYRHILLS FL 33540						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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD FORESTER, GEORGE 38911 PRETTY ROND ROAD ZEPHYRHILLS FL 33540 <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)(f), 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>George Forester</i> GEORGE FORESTER						02/15/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date Daytime Phone #					