

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070528

FILED
Apr 10, 2004
Secretary of State

Entity Name: THE FORESTER GROUP, INC.

Current Principal Place of Business:

1193 SUN CENTURY ROAD UNIT 4
NAPLES, FL 34110

New Principal Place of Business:

284 FAIRWAY CIRCLE
NAPLES, FL 34110

Current Mailing Address:

1193 SUN CENTURY ROAD UNIT 4
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-0086294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORESTER, JAMES
284 FAIRWAY CIRCLE
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FORESTER, DEBRA
Address: 284 FAIRWAY CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: DVT () Delete
Name: FORESTER, JAMES
Address: 284 FAIRWAY CIRCLE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: FORESTER, DEBRAH P
Address: 284 FAIRWAY CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRAH P. FORESTER

P/S

04/10/2004

Electronic Signature of Signing Officer or Director

Date