

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000090190

1. Entity Name
FORWARD MOMENTUM INC.



Principal Place of Business
31 FREELAND LANE
PALM COAST, FL 32137

Mailing Address
31 FREELAND LANE
PALM COAST, FL 32137



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0563894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHAFFER, ANGELA M
31 FREELAND LANE
PALM COAST, FL 32137

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11000000302939
04/13/05-80089-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	SHAFFER, ANGELA M
STREET ADDRESS	31 FREELAND LANE
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	VCTO
NAME	SHAFFER, MARK D
STREET ADDRESS	31 FREELAND LANE
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Angela M. Shaffer Angela M. Shaffer 4/12/05 386.246.4376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #