2006 FQR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000103180

1. Entity Name 2435 FORSYTH, INC.



FILED Mar 17, 2006 08:00 AM Secretary of State

Principal Place of Business

49 LORNA DOONE BLVD ORLANDO, FL 32805

Mailing Address

49 LORNA DOONE BLVD ORLANDO, FL 32805



DO NOT WRITE IN THIS SPACE

No Chg-P 03142008

CR2E034 (11/05)

4. FEI Number 54-2127006 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DOLLAR, BRUCE A 49 LORNA DOONE BLVD

DO NOT WRITE

ORLANDO, FL 32805			IN THIS SPACE			
the obligat	named entity submits this statement for the plons of registered agent.	ourpose of changing its registere	l ed office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed ments of registered eyent and little if applicable. (NOTE Registered			Agent signature required when reinstelling)		DATE	
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	icing 🖸	\$5.00 May Be Added to Fees	000000470830 03/28/06-80029-011 150.00	
10.	OFFICERS AND DIREC	TORS	1			•
name Street address City-St-Zip	D DOLLAR, BRUCE A 49 LORNA DOONE BLVD ORLANDO, FL 32805				•	

DO NOT WRITE IN THIS SPACE

STREET ADDRESS OffY-57-77P 12. I hereby certify that the information supplied with this filling 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 path, that I am an efficer 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: _

NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP DDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. Dollar

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