


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90007 017 ***150.00

DOCUMENT # P03000107699 1. Entity Name ICHETUCKNEE FOREST, INC.					
Principal Place of Business 412 N.E. 16TH AVE GAINESVILLE, FL 32601			Mailing Address 412 N.E. 16TH AVE GAINESVILLE, FL 32601		
2. Principal Place of Business 4127 NW 27th Ln.			3. Mailing Address PO Box 357845		
Suite, Apt. #, etc. Suite A			Suite, Apt. #, etc. 		
City & State Gainesville FL			City & State Gainesville FL		
Zip 32606		Country USA		Zip 32635	
Country USA		4. FEI Number 59-1744310			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, DENNIS G 412 N.E. 16TH AVE GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name Dennis G. Lee Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Suite A City Gainesville FL Zip Code 32606		
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 Dennis G. Lee Dennis G. Lee 1/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	P LEE, DENNIS G 412 N.E. 16TH AVE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dennis G. Lee 4127 NW 27th Ln, Suite A Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, CARIDAD E 412 N.E. 16TH AVE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Caridad E. Lee 4127 NW 27th Ln, Suite A Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIES, LISA 412 N.E. 16TH AVE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lisa Davies 4127 NW 27th Ln, Suite A Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dennis G. Lee Dennis G. Lee 1/29/04 352-334-1976 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					