

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90339 041 ***158.75

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04062004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000131624			
1. Entity Name FORREST STUMP, INC.			
Principal Place of Business 3156 41ST STREET SW NAPLES, FL 34116 US		Mailing Address 3156 41ST STREET SW NAPLES, FL 34116 US	
2. Principal Place of Business		3. Mailing Address 6330 Star Grass Ln.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Naples, FL	
Zip		Zip 34116	
Country		Country USA	
4. FEI Number 56-2422592		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORREST, ROBERT D SR. 3156 41ST STREET SW NAPLES, FL 34116		7. Name and Address of New Registered Agent Name: Kelley Alzamora Street Address (P.O. Box Number is Not Acceptable): 6330 Star Grass Lane City: Naples FL Zip Code: 34116	
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: <i>Kelley Alzamora</i> Kelley Alzamora DATE: 4/6/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</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: P NAME: FORREST, ROBERT D SR. STREET ADDRESS: 3156 41ST STREET SW CITY-ST-ZIP: NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: VP NAME: FORREST, ROBERT D SR. STREET ADDRESS: 3156 41ST STREET SW CITY-ST-ZIP: NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete	TITLE: VP NAME: John Forrest STREET ADDRESS: 6330 Star Grass Lane CITY-ST-ZIP: Naples, FL 34116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: FORREST, ROBERT D SR. STREET ADDRESS: 3156 41ST STREET SW CITY-ST-ZIP: NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: T NAME: FORREST, ROBERT D SR. STREET ADDRESS: 3156 41ST STREET SW CITY-ST-ZIP: NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete	TITLE: T NAME: John Forrest STREET ADDRESS: 6330 Star Grass Lane CITY-ST-ZIP: Naples, FL 34116 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SE 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/6/04 Daytime Phone #: 239-353-1919	