2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000131624

1. Entity Name
FORREST STUMP, INC.

Principal Place of Business	Mailing Address
3156 41ST STREET SW NAPLES, FL 34116 US	6330 STAR GRASS LANE NAPLES, FL 34116 US

DO NOT WRITE IN THIS SPACE

03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2422592

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALZAMORA, KELLEY
6330 STAR GRASS LANE
NAPLES, FL 34116

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FORREST, ROBERT D SR.
STREET ADDRESS	3156 41ST STREET SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	VP
NAME	FORREST, JOHN
STREET ADDRESS	6330 STAR GRASS LANE
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	S
NAME	FORREST, ROBERT D SR.
STREET ADDRESS	3156 41ST STREET SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	T
NAME	FORREST, JOHN
STREET ADDRESS	6330 STAR GRASS LANE
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000494361
04/20/06-80043-005 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this report 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert D. Forrest Robert Forrest 4/4/06 239 353 1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #