

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000143708

1. Entity Name  
FOULKS FOREST, INC.



Principal Place of Business

2244 HEMINGWAY DR  
FORT MYERS, FL 33912 US

Mailing Address

2244 HEMINGWAY DR  
FORT MYERS, FL 33912 US

**FILED  
Mar 29, 2005 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

03202005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0437169	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HERITAGE TAX & CONSULTING SERVICE INC  
11220 METRO PARKWAY  
3  
FORT MYERS, FL 33912

**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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FOULKS, CURTIS  
STREET ADDRESS 6451 PINE AVE  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE VP  
NAME FOULKS, KATHLEEN  
STREET ADDRESS 6451 PINE AVE  
CITY-ST-ZIP SANIBEL, FL 33957

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000001279796  
03/29/05-80011-015 150.00

**DO NOT WRITE  
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:** *Curtis Foulks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-4549663

3-25-05

Date

Daytime Phone #