


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90057 019 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P04000019665 1. Entity Name FORRESTER'S CLEANING SERVICES, INC. | | | |  | |
| Principal Place of Business 5439 N WOODCREST DRIVE WINTER PARK, FL 32792 | | Mailing Address 5439 N WOODCREST DRIVE WINTER PARK, FL 32792 | | | |
| 2. Principal Place of Business <i>5241 N. Woodcrest Dr.</i> | | 3. Mailing Address <i>5241 N. Woodcrest Dr.</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State <i>Winter Park FL</i> | | City & State <i>Winter Park FL</i> | | | |
| Zip <i>32792</i> | | Country <i>USA</i> | | 4. FEI Number 20-0648180 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent FORSYTH, THOMAS F 5439 N WOODCREST DRIVE WINTER PARK, FL 32792 | | | 7. Name and Address of New Registered Agent Name LAURI FORRESTER Street Address (P.O. Box Number is Not Acceptable) <i>5241 N. Woodcrest Dr.</i> City <i>Winter Park</i> FL Zip Code <i>32792</i> | | |
| 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 _____ <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, 2005 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 | PD FORRESTER, PETER 5439 N WOODCREST DRIVE WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD FORRESTER, LAURI 5439 N WOODCREST DRIVE WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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>Lauri Forrester</i> LAURI FORRESTER <i>3-27-05</i> <i>407-227-5406</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

50032782



02072005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

\$8.75 Additional Fee Required

Zip Code 32792

☐ Change ☐ Addition

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