


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90080 012 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P04000071286 1. Entity Name FOREVER YOURS INC. | | | |  | |
| Principal Place of Business 3819 NW 84TH AVE CORAL SPRINGS, FL 33065 | | | Mailing Address 3819 NW 84TH AVE CORAL SPRINGS, FL 33065 | | |
| 2. Principal Place of Business 3817 NW 84TH AVE Suite, Apt. #, etc. | | 3. Mailing Address 3817 NW 84TH AVE Suite, Apt. #, etc. | | | |
| City & State CORAL SPRINGS, FL Zip 33065 | | City & State CORAL SPRINGS, FL Zip 33065 | | 4. FEI Number 20-1269378 | |
| Country BROWARD | | Country BROWARD | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DOYLE, NANCY C 3819 NW 84TH AVE CORAL SPRINGS, FL 33065 | | | 7. Name and Address of New Registered Agent Name: DOYLE, NANCY C Street Address (P.O. Box Number is Not Acceptable) 3817 NW 84TH AVE. City: CORAL SPRINGS FL Zip Code: 33065 | | |
| 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: <u><i>Nancy C. Doyle</i></u> DATE: <u>3/15/05</u> <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, 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 | P DOYLE, NANCY C 3819 NW 84TH AVE CORAL SPRINGS, FL 33065 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DOYLE, NANCY C 3817 NW 84TH AVE CORAL SPRINGS, FL 33065 |
| | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DOYLE, PATRICK 3819 NW 84TH AVE CORAL SPRINGS, FL 33065 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DOYLE, PATRICK 3817 NW 84TH AVE CORAL SPRINGS, FL 33065 |
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| | | <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: <u><i>Nancy C. Doyle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3/15/05 954-3443655 <small>Date Daytime Phone #</small> | | |