

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90131 014 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |                                                                                     |                                                                                                                                                                                                                                       |                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000148257</b><br>1. Entity Name<br><b>FORGOTTEN COAST LIGHTING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                                                                     |                                                                                                                                                                                                                                       |                                                                   |  |
| Principal Place of Business<br><b>171 HIGHWAY 98<br/>UNIT A<br/>EASTPOINT, FL 32328</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  |                                                                                     | Mailing Address<br><b>POST OFFICE BOX 1026<br/>EASTPOINT, FL 32328</b>                                                                                                                                                                |                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                             |                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                     | City & State                                                                                                                                                                                                                          |                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  | Country                                                                             |                                                                                                                                                                                                                                       | Zip                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  | Country                                                                             |                                                                                                                                                                                                                                       | 4. FEI Number<br><b>20-1814327</b>                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                                                                     |                                                                                                                                                                                                                                       | <b>\$8.75 Additional Fee Required</b>                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BLACKWELL, LINDA<br/>184 GRAMERCY PLANTATION BOULEVARD<br/>EASTPOINT, FL 32328</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                     |                                                                                                                                                                                                                                       |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                 |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br><b>BLACKWELL, BRAD</b> <input type="checkbox"/> Delete<br><b>184 GRAMERCY PLANTATION BOULEVARD<br/>EASTPOINT, FL 32328</b>  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br><b>BLACKWELL, JIM</b> <input type="checkbox"/> Delete<br><b>184 GRAMERCY PLANTATION BOULEVARD<br/>EASTPOINT, FL 32328</b>  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br><b>BLACKWELL, LINDA</b> <input type="checkbox"/> Delete<br><b>184 GRAMERCY PLANTATION BOULEVARD<br/>EASTPOINT, FL 32328</b> |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br><b>BLACKWELL, BRETT</b> <input type="checkbox"/> Delete<br><b>184 GRAMERCY PLANTATION BOULEVARD<br/>EASTPOINT, FL 32328</b> |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 signature like empowered. |                                                                                                                                  |                                                                                     |                                                                                                                                                                                                                                       |                                                                   |  |
| SIGNATURE: <i>Linda Blackwell</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>LINDA BLACKWELL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                                                     | Date: <b>8/3/05</b> & <b>8506704900</b>                                                                                                                                                                                               |                                                                   |  |