


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000148257	
1. Entity Name FORGOTTEN COAST LIGHTING, INC.	

Principal Place of Business 171 HIGHWAY 98 UNIT A EASTPOINT, FL 32328	Mailing Address POST OFFICE BOX 1026 EASTPOINT, FL 32328
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1814327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACKWELL, LINDA
184 GRAMERCY PLANTATION BOULEVARD
EASTPOINT, FL 32328**

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000871355 04/09/08-80127-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACKWELL, JIM 184 GRAMERCY PLANTATION BOULEVARD EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACKWELL, LINDA 184 GRAMERCY PLANTATION BOULEVARD EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACKWELL, LINDA 184 GRAMERCY PLANTATION BLVD CRAWFORDVILLE, FL 323278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLACKWELL, JIM 184 GRAMEROY PLANTATION BLVD EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE  **3/25/08** **8506704900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #