

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90276 016 \*\*\*150.00

DOCUMENT # P04000163238

1. Entity Name  
FORWARD MOTION INC



Principal Place of Business  
89 FALL DR  
PORT ORANGE, FL 32127

Mailing Address  
89 FALL DR  
PORT ORANGE, FL 32127

14010633



2. Principal Place of Business

212 INWOOD AVE

Suite, Apt. #, etc.

3. Mailing Address

212 INWOOD AVE

Suite, Apt. #, etc.

04272005 Chg-P CR2E034 (10/03)

City & State

NEW SMYRNA BCH

Zip  
32168

Country  
USA

City & State

NEW SMYRNA BCH

Zip  
32168

Country  
USA

4. FEI Number

80-1963710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JENT, ROBERT L  
89 FALL DR  
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

212 INWOOD AVE

City

NEW SMYRNA BCH

FL

Zip Code

32168

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

*Robert L Jent*  
Signature, typed or printed name of registered agent and title if applicable.

ROBERT L JENT - PRPS

(NOTE: Registered Agent signature required when reinstating)

4-27-05

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,VP  
NAME JENT, ROBERT L  
STREET ADDRESS 89 FALL DR  
CITY-ST-ZIP PORT ORANGE, FL 32127

☐ Delete

TITLE S,T  
NAME JENT, ROBERT L  
STREET ADDRESS 89 FALL DR  
CITY-ST-ZIP PORT ORANGE, FL 32127

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

212 INWOOD AVE  
NEW SMYRNA BCH FL 32168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

212 INWOOD AVE  
NEW SMYRNA BCH FL 32168

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Robert L Jent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 386-314-4827

Date

Daytime Phone #