


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90455 037 \*\*\*150.00

<b>DOCUMENT # P05000066431</b> 1. Entity Name <b>FORBES REAL ENTERPRISES, INC.</b>					
Principal Place of Business <b>4385 SE 61ST STREET OCALA, FL 34480</b>			Mailing Address <b>4385 SE 61ST STREET OCALA, FL 34480</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 830372</b>			
City & State <b>OCALA FL</b>		City & State <b>OCALA FL</b>		4. FEI Number <b>20-2796361</b>	
Zip <b>34480</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MONTI, R J 4385 SE 61ST STREET OCALA, FL 34480</b>			7. Name and Address of New Registered Agent Name <b>Joy FORBES</b> Street Address (P.O. Box Number is Not Acceptable) <b>4385 SE 61ST ST</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34480</b>		
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 <b>3-30-06</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date <b>3-30-06</b> (352) 402-0937		
Signature and typed or printed name of signing officer or director			Daytime Phone #		