2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000119776

1. Entity Name
FOREST HILL HOLDINGS, INC.

Principal Place of Business	Mailing Address
201 E PINE ST STE 500 ORLANDO, FL 32801	201 E PINE ST STE 500 ORLANDO, FL 32801

02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3384785
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENSPOON MARDER, P.A.
ATTN: N. DWAYNE GRAY, JR., ESQUIRE
201 E PINE STREET STE 400
ORLANDO, FL 32801

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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. ☐ **$5.00** May Be Added to Fees

000000347195
08/19/08-80010-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MYERS, WILLIAM
STREET ADDRESS	105 WEST BEAVER CREEK, UNITS 9 & 10
CITY-ST-ZIP	RICHMOND HILL, ONTARIO, CA, L4B1C6
TITLE	D
NAME	LUCCHESE, FABRIZIO
STREET ADDRESS	105 WEST BEAVER CREEK, UNITS 9 & 10
CITY-ST-ZIP	RICHMOND HILL, ONTARIO, CA, L4B1C6
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ DIRECTOR 2/22/08 407-425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #