

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90118 043 ***150.00

DOCUMENT # P06000043354

1. Entity Name
FORGOTTEN COAST TV, INC.



Principal Place of Business Mailing Address
71 MARKET STREET P O BOX 848
APALACHICOLA, FL 32320 US APALACHICOLA, FL 32329 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03272008 Chg-P CR2E034 (12/06)

4. FEI Number 11-3776299 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SPOHRER, HELEN T
140 WEST GULF BEACH DRIVE
SAINT GEORGE ISLAND, FL 32328

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
140 1st Street, Suite D
City FL Zip Code

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 _____
(NOTE: Registered Agent signature required when reappointing)

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME SPOHRER, HELEN T
STREET ADDRESS 123 WEST GULF BEACH DRIVE
CITY-ST-ZIP SAINT GEORGE ISLAND, FL 32328

TITLE
NAME
STREET ADDRESS 140 1st Street, Suite D
CITY-ST-ZIP

TITLE VP
NAME ROLSTAD, ROYCE
STREET ADDRESS 1810 BLUFF ROAD
CITY-ST-ZIP APALACHICOLA, FL 32320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC/Trea
NAME SPOHRER, JOHN B JR.
STREET ADDRESS 748 CHASON ROAD
CITY-ST-ZIP EASTPOINT, FL 32328

TITLE
NAME
STREET ADDRESS Po Box 632
CITY-ST-ZIP

TITLE TREA
NAME TOWNSEND, BARRY
STREET ADDRESS 264 MAGNOLIA BAY DRIVE
CITY-ST-ZIP EASTPOINT, FL 32328

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: Helen T. Spomer 4-11-08 250 9272666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #