


FILED  
Feb 05, 2007 8:00 am  
Secretary of State

01-08-2007 90252 009 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

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<b>DOCUMENT # P06000060441</b>					
1. Entity Name <b>FORGOTTEN COAST LIFTS, DOCKS, &amp; SEAWALLS INC.</b>					
Principal Place of Business <b>809 W. MADISON ST. TALLAHASSEE, FL 32304</b>			Mailing Address <b>809 W. MADISON ST. TALLAHASSEE, FL 32304</b>		
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	
4. FEI Number <b>20-4808523</b>				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 <b>BATES, BENJAMIN BLAIR 1614 APAKIN NENE TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	<b>BATES, BENJAMIN BLAIR</b>				
STREET ADDRESS	<b>1614 APAKIN NENE</b>				
CITY - ST - ZIP	<b>TALLAHASSEE, FL 32301</b>				
TITLE	V	<input checked="" type="checkbox"/> Delete			
NAME	<b>BRANCH, NICHOLAS</b>				
STREET ADDRESS	<b>1283 COOK RD.</b>				
CITY - ST - ZIP	<b>LAMONT, FL 32336</b>				
TITLE	ST	<input checked="" type="checkbox"/> Delete			
NAME	<b>MIXON, SHEDDRICK</b>				
STREET ADDRESS	<b>3412 N. RIDGE RD.</b>				
CITY - ST - ZIP	<b>TALLAHASSEE, FL 32310</b>				
TITLE	CEO	<input type="checkbox"/> Delete			
NAME	<b>JOHNSON, VAN</b>				
STREET ADDRESS	<b>6012 OX BOTTOM MANOR ROAD</b>				
CITY - ST - ZIP	<b>TALLAHASSEE, FL 32312</b>				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
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: _____ <b>1-8-07 850-224-1326</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR					