

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000094451

1. Entity Name
FOREST HILL ENTERPRISES, INC.



Principal Place of Business
400 N. ASHLEY DRIVE
SUITE 2800
TAMPA, FL 33602

Mailing Address
400 N. ASHLEY DRIVE
SUITE 2800
TAMPA, FL 33602

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

04212008

Chg-P

CR2E034 (12/06)

4. FEI Number

APPLIED FOR 26-0236624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, MARY
400 N. ASHLEY DRIVE
SUITE 2800
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name James T. Holder

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

400 N. Ashley Dr.

Suite 2800

City Tampa

FL

Zip Code 33602

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

Signature, typed or printed name of registered agent and title if applicable.

James T. Holder

(NOTE: Registered Agent signature required when reinstating)

4/22/04

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME TORMEY, MICHAEL I
STREET ADDRESS 400 N. ASHLEY DRIVE, SUITE 2800
CITY-ST-ZIP TAMPA, FL 33602

TITLE DVS ☐ Delete
NAME HOLDER, JAMES T
STREET ADDRESS 400 N. ASHLEY DR., 2800
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100125780181
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James T. Holder, V.P.

4/22/04 (813)274-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2008 APR 25 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 545664 7133611

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 25, 2008

ORDER TIME : 9:46 AM

ORDER NO. : 545664-005

CUSTOMER NO: 7133611

ANNUAL REPORT FILING

NAME: FOREST HILL ENTERPRISES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: _____

RECEIVED
08 APR 25 AM 10:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA