

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P22492**

1. Entity Name  
**FORISTER BUILDERS, INC.**



Principal Place of Business  
**221 STILLWATER  
SUITE 2  
WIMBERLEY, TX 78676**

Mailing Address  
**P.O. BOX 2787  
WIMBERLEY, TX 78676**



04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-1777169</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FORISTER, WAYNE  
10672 QUAIL RIDGE DR.  
SAINT AUGUSTINE, FL 32095**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	EVPD
NAME	FORISTER, TRIGG
STREET ADDRESS	P. O. BOX 2787
CITY-ST-ZIP	WIMBERLEY, TX 78676
TITLE	PTD
NAME	FORISTER, WAYNE
STREET ADDRESS	10672 QUAIL RIDGE DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	S
NAME	SCHUMANN, EDIE S.
STREET ADDRESS	193 BARTON RANCH CIRCLE
CITY-ST-ZIP	DRIPPING SPRGS, TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000533992  
05/06/06-80145-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Wayne Forister**

Date

**4/21/06 (512)847-3121**

Daytime Phone #