




# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P22492</b> 1. Entity Name <b>FORISTER BUILDERS, INC.</b>					
Principal Place of Business <b>221 STILLWATER SUITE 2 WIMBERLEY, TX 78676</b>			Mailing Address <b>P.O. BOX 2787 WIMBERLEY, TX 78676</b>		
2. Principal Place of Business - No P.O. Box # <b>14201 RR 12</b>		3. Mailing Address 		  04182007    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc. <b>Suite 6</b>		Suite, Apt. #, etc. 			
City & State <b>Wimberley TX</b>		City & State 			
Zip <b>78676</b>		Country <b>USA</b>		4. FEI Number <b>74-1777169</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FORISTER, WAYNE 10672 QUAIL RIDGE DR. SAINT AUGUSTINE, FL 32095</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD FORISTER, TRIGG P. O. BOX 2787 WIMBERLEY, TX 78676 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000724271 05/02/07-80104-016 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FORISTER, WAYNE 10672 QUAIL RIDGE DR. SAINT AUGUSTINE, FL 32095 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUMANN, EDIE S. 193 BARTON RANCH CIRCLE DRIPPING SPRGS, TX <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 		<b>Wayne Forister</b>		<b>4/18/07 (512)847-3122</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	