2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 07, 2007 8:00 am Secretary of State DOCUMENT # P94000025593 1. Entity Namo 02-07-2007 90049 021 ***150.00 THE FORBES CO. OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 2017 13TH ST. ST. CLOUD FL 34769 2017 13TH ST. ST. CLOUD FL 34769 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1020 Meganhyan <u>1020 Megan</u> Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3036513 Not Applicable us# Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARK, BRIAN 104 CHURCH STREET Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34741 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition FORBES, PAUL NAMI 1020 MEAN LYNN CT STREET ADDRESS STREET ADDRESS ST CLOUD FL 34772 CITY ST-ZIE CITY-ST-ZIP DSV TITLE Delete IIII ☐ Change Addition FORBES, BEVERLY NAME NAMI 1020 MEAN LYNN CT STREET ADDRESS STREET ADDRESS ST CLOUD FL 34772 CHY-ST-ZIP CITY-ST-ZIP Delete mu: ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-71P HILE Delete 1011 ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete шп ☐ Change Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 13 if changed, or on an attachment with an address, with all other like empowered.

FILED