

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90036 013 ***150.00

DOCUMENT # P94000047328

1. Entity Name
FORBES, INC.



Principal Place of Business
3301
3475 OCEAN DRIVE
VERO BEACH, FL 32963 US

Mailing Address
3111 CARDINAL DRIVE
VERO BEACH, FL



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0499115** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

O'HAIRE, MICHAEL
3111 CARDINAL DR.
VERO BEACH, FL

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PD |
| NAME | O HAIRE, THOMAS |
| STREET ADDRESS | 3111 CARDINAL DRIVE |
| CITY-ST-ZIP | VERO BEACH, FL |
| TITLE | VD |
| NAME | MCCRACKEN, SHELAGH O |
| STREET ADDRESS | 3475 OCEAN DRIVE 3301 |
| CITY-ST-ZIP | VERO BEACH, FL |
| TITLE | SD |
| NAME | O HAIRE, GAIL |
| STREET ADDRESS | 3475 OCEAN DR. 3301 |
| CITY-ST-ZIP | VERO BEACH, FL 32963 |
| TITLE | TD |
| NAME | METZ, EIRN O |
| STREET ADDRESS | 3475 OCEAN DR. 3301 |
| CITY-ST-ZIP | VERO BEACH, FL 32963 |
| TITLE | D |
| NAME | SCHELL, KELLY O |
| STREET ADDRESS | 3475 OCEAN DR 3301 |
| CITY-ST-ZIP | VERO BCH, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

THOMAS O'HAIRE 1/29/04 772/231-6902