

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2005 08:00 AM  
Secretary of State

DOCUMENT # P94000047328

1. Entity Name

FORBES, INC.



Principal Place of Business

3301 OCEAN DRIVE  
VERO BEACH FL 32963  
US

Mailing Address

3111 CARDINAL DRIVE  
VERO BEACH FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME O HAIRE, THOMAS  
STREET ADDRESS 3111 CARDINAL DRIVE  
CITY- ST- ZIP VERO BEACH FL

TITLE VD ☐ Delete  
NAME MCCRAKEN, SHELAGH O  
STREET ADDRESS 3301 OCEAN DRIVE  
CITY- ST- ZIP VERO BEACH FL

TITLE SD ☐ Delete  
NAME O HAIRE, GAIL  
STREET ADDRESS 3301 OCEAN DR  
CITY- ST- ZIP VERO BEACH FL 32963

TITLE TD ☐ Delete  
NAME METZ, EIRN O  
STREET ADDRESS 3301 OCEAN DR  
CITY- ST- ZIP VERO BEACH FL 32963

TITLE D ☐ Delete  
NAME SCHELL, KELLY O  
STREET ADDRESS 3301 OCEAN DR  
CITY- ST- ZIP VERO BCH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000220698  
CITY- ST- ZIP 02/08/05-80078-024 150.00

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

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

TITLE ☐ Change ☐ Addition  
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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 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:

*Thomas O'Haire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/08/05 774/231-6902