


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000094283</b> 1. Entity Name <b>FOREST GLENN, INC.</b>	
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Principal Place of Business <b>1311 NORTH CHURCH AVENUE TAMPA, FL 33607</b>	Mailing Address <b>1311 NORTH CHURCH AVENUE TAMPA, FL 33607</b>
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**DO NOT WRITE IN THIS SPACE**



03182003 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3361995</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**BURR, LINDA**  
**1311 NORTH CHURCH AVENUE**  
**TAMPA, FL 33607**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPT</b> <b>PETERSEN, C THOMAS</b> <b>1311 N CHURCH AVE</b> <b>TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BURR, LINDA</b> <b>1311 N CHURCH AVE</b> <b>TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>CINA, VINCENT A</b> <b>4835 SW 101ST LANE</b> <b>OCALA, FL 34881</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/26/04-80002-003 150.00

**DO NOT WRITE 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)(f), 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: *Vincent Cina, DPS*