2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094283

Title:

Name:

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Entity Name: FOREST GLENN, INC. **Current Principal Place of Business: New Principal Place of Business:** 4835 SW 101 LANE OCALA, FL 34476 **Current Mailing Address: New Mailing Address:** 4835 SW 101 LANE OCALA, FL 34476 FEI Number: 59-3361995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURR, LINDA 1311 NORTH CHURCH AVENUE TAMPA, FL 33607 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PETERSEN, C THOMAS Name: PETERSEN, C THOMAS Name: 1311 N CHURCH AVE 1311 N CHURCH AVE Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33607 US Title: VΡ Title: VΡ () Delete (X) Change () Addition BURR, LINDA Name: Name: BURR, LINDA 1311 N CHURCH AVE 1311 N CHURCH AVE Address: Address: TAMPA, FL TAMPA, FL 33607 US City-St-Zip: City-St-Zip: Title: Title: VPS (X) Change () Addition () Delete **VPS** COOK, AUDREY J COOK, AUDREY J Name: Name: 4835 SW 101ST LANE 4835 SW 101ST LANE Address: Address: City-St-Zip: OCALA, FL 34881 City-St-Zip: OCALA, FL 34476 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VPS

VIDUNA, ROBERT

4835 SW 101ST LANE

OCALA, FL 34476 US

() Change (X) Addition

SIGNATURE: AUDREY COOK VPS 03/24/2009

() Delete