

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000076741

1. Entity Name
1800 FOREST HILL, INC.



Principal Place of Business
505 S FLAGLER DR STE 1010
WEST PALM BEACH, FL 33401 US

Mailing Address
505 S FLAGLER DR STE 1010
WEST PALM BEACH, FL 33401 US



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0778204

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT
505 SOUTH FLAGLER SUITE 110
505 S FLAGLER DR SUITE 1010
WEST PALM BEACH, FL 33401

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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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000507678
04/27/06-80073-013 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SNED, WILLIAM H JR
STREET ADDRESS 505 S FLAGLER DR SUITE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME JOHNSON, SCOTT A
STREET ADDRESS 505 S FLAGLER DR SUITE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME KOENIG, PATRICK C
STREET ADDRESS 505 FLAGLER DR SUITE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME JOHNSON, RICHARD S JR
STREET ADDRESS 505 FLAGLER DR SUITE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME JOHNSON, RICHARD S
STREET ADDRESS 505 S FLAGLER DR SUITE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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 exemptions contained 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 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

3-3-06
Date

561-655-7200
Daytime Phone #