

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092974

FILED
Jan 15, 2004
Secretary of State

Entity Name: FORSYTH PARTNERS, INC.

Current Principal Place of Business:

2345 SEMINOLE REACH COURT
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

696 ATLANTIC BLVD.
NEPTUNE BEACH, FL 32266

Current Mailing Address:

2345 SEMINOLE REACH COURT
ATLANTIC BEACH, FL 32233

New Mailing Address:

696 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266

FEI Number: 59-3478240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORSYTH, S
2345 SEMINOLE BEACH CT
ATLANTA BCH, FL 32233 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: FORSYTH, GEORGE A III
Address: 2345 SEMINOLE REACH COURT
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T () Delete
Name: FORSYTH, SHAUNA
Address: 254 EAST COAST DR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S () Delete
Name: FORSYTH, ANDREA
Address: 254 EAST COAST DR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP () Delete
Name: FORSYTH, ALEX
Address: 254 EAST COAST DR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP () Delete
Name: FORSYTH, ABBY
Address: 2345 SEMINOLE REACH
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SHAUNA FORSYTH

T

01/15/2004

Electronic Signature of Signing Officer or Director

Date