

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90076 001 \*\*\*300.00

**DOCUMENT # P97000100741**

1. Entity Name  
**FORRESTER-SMITH, INC.**



Principal Place of Business  
**213 HOBBS ST  
TAMPA, FL 33619**

Mailing Address  
**P O BOX 1609  
LEWISTON, ME 04241-1609**

**66012205**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-3490150**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME **P HUGHES, H. WINGFIELD**  
STREET ADDRESS **5306 PINEROCKLANDS AVE**  
CITY-STATE-ZIP **LITHIA, FL 33547**

TITLE ☐ Change ☒ Addition  
NAME **PTD Geiger, Eugene G.**  
STREET ADDRESS **8 Wedgewood Rd.**  
CITY-STATE-ZIP **Auburn, ME**

TITLE ☒ Delete  
NAME **V HUGHES, BETSEY**  
STREET ADDRESS **3840 GLENCOE DR**  
CITY-STATE-ZIP **BIRMINGHAM, AL 35213**

TITLE ☐ Change ☒ Addition  
NAME **VPCF Blaisdell, Robert**  
STREET ADDRESS **44 Hope Ave.**  
CITY-STATE-ZIP **Lewiston, ME 04240**

TITLE ☒ Delete  
NAME **S HUGHES, DOROTHY**  
STREET ADDRESS **5306 PINEROCKLANDS AVE**  
CITY-STATE-ZIP **LITHIA, FL 33547**

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

TITLE ☒ Delete  
NAME **T HUGHES, JAMES**  
STREET ADDRESS **60 WEST POMFRET**  
CITY-STATE-ZIP **CARLISLE, PA 17013**

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

TITLE ☒ Delete  
NAME **D MOSHER, SUSAN**  
STREET ADDRESS **3707 KINGS FORD PLACE**  
CITY-STATE-ZIP **VALRICO, FL 33594**

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

TITLE ☒ Delete  
NAME **D HELDRETH, JAMES**  
STREET ADDRESS **6401 MARBELLA BLVD.**  
CITY-STATE-ZIP **APOLLO BEACH, FL 33572**

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

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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

*Robert J. Blaisdell* 5/3/07 207-755-2499