




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90041 024 \*\*\*150.00

<b>DOCUMENT # P98000010415</b> 1. Entity Name ALLEN C. FORREST, P.A.					
Principal Place of Business 3511 W COMMERCIAL BLVD SUITE 402 FORT LAUDERDALE, FL 33309 US				Mailing Address 3511 W COMMERCIAL BLVD SUITE 402 FORT LAUDERDALE, FL 33309 US	
2. Principal Place of Business 5521 UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 104		3. Mailing Address 5521 UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 104			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		02062005 Chg-P CR2E034 (10/03)	
Zip 33067		Country US		4. FEI Number 65-0811559	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FORREST, ALLEN C 3511 W COMMERCIAL BLVD SUITE 402 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 5521 UNIVERSITY DRIVE SUITE 104 City CORAL SPRINGS FL Zip Code 33067		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORREST, ALLEN C 9999 NW 20TH ST CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		2/6/05 954-484-1100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			