

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000015743	
1. Entity Name FORE OF A MIND, INC.	

Principal Place of Business 1113 ROYAL PALM BEACH ROYAL PALM BEACH, FL 33411	Mailing Address 1113 ROYAL PALM BEACH ROYAL PALM BEACH, FL 33411
--	--



04152004 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0823941	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent HERB L. TROUT 1113 ROYAL PALM BECH BLVD. ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

I, 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 restate) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE DPT	NAME TROUT, HERB
STREET ADDRESS 1113 ROYAL PALM BCH BLVD	CITY - ST - ZIP ROYAL PALM BEACH, FL 33411
TITLE VPS	NAME TROUT, ELLEN
STREET ADDRESS 1113 ROYAL PALM BCH BLVD	CITY - ST - ZIP WEST PALM BEACH, FL 33411
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Herb Trout HERB TROUT 4/15/04 561-790-0349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #