

2005 AR

STATE OF FLORIDA CORPORATION ANNUAL REPORT

DOCUMENT # P08000015743

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

APPROVED
AND
FILED

05 MAR 30 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152004 No Chg-P CR2E034 (10/03)

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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

HERG L. TROUT
1113 ROYAL PALM BECH BLVD.
ROYAL PALM BEACH, FL 33411

← Herb

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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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT TROUT, HERB 1113 ROYAL PALM BCH BLVD ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TROUT, ELLEN 1113 ROYAL PALM BCH BLVD WEST PALM BEACH, FL 33411
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04/14/05--01009--001 **150.00

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

Date

5617900349

Daytime Phone #