


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # S11064 1. Entity Name FORRISTALL ENTERPRISES, INC.	
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Principal Place of Business 3404 17TH ST. EAST PALMETTO, FL 34221	Mailing Address 3404 17TH ST. EAST PALMETTO, FL 34221
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0227771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORRISTALL, STEPHEN P.
 3404 17TH ST E
 PALMETTO, FL 34221

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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 _____
Signature, typed or printed name of registered agent and title if applicable

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FORRISTALL, STEPHEN
STREET ADDRESS	12215 UPPER MANATEE RIVER RD
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	PD
NAME	FORRISTALL, MARY
STREET ADDRESS	12215 UPPER MANATEE RIVER DR
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	VP
NAME	WILHOIT, DAVID
STREET ADDRESS	344 BERNARD ST
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowered.

SIGNATURE: Mary Forristall MARY FORRISTALL 1/5/07 941-729-8150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #