

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S21648 1. Entity Name FOREST MANOR APARTMENTS CORP.	
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Principal Place of Business 460 HARRISON AVE PANAMA CITY, FL 32401	Mailing Address PO BOX 610 MONTICELLO, FL 32344
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FAIRCLOTH, CHARLES E. 460 HARRISON AVE ORLANDO, FL 32801

	
02172005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3044719	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

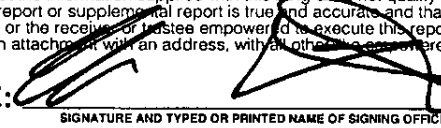
DO NOT WRITE IN THIS SPACE

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 reinstating)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRCLOTH, CHARLES E 460 HARRISON AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMSLEY, WILLIAM C JR 475 HARRISON AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 names entered.
SIGNATURE:  Charles Faircloth 3/03/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #