2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM DOCUMENT # \$26397 1. Entity Name **Secretary of State** THE FORREST COMPANY REALTY OF NAPLES, INC. Principal Place of Business Mailing Address 1170 3RD ST S 1170 3RD ST S SUITE C200 SUITE C200 NAPLES FL 33940 NAPLES FL 33940 2. Principal Place of Business __ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0238841 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORREST, JAMES E. 1170 3RD ST S Street Address (P.O. Box Number is Not Acceptable) SUITE C200 NAPLES FL 33940 City Zip Code 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THE Addition Change 1/00000236836 NAME FORREST, DOROTHY G NAME 02/21/05-80036-004 150.00 1170 3RD ST S C200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CHY-ST-ZIP ☐ Delete Change ___ Addition NAME FORREST, DOROTHY G 1170 3RD ST S C200 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-71P CITY-ST-ZIP HILE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7LP CITY-ST-ZIP

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

TO TO TO LATER OF SIGNING OFFICER OR DIRECTOR

2/16/05 239)59/-236

FILED