## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 27, 2005 8:00 am Secretary of State DOCUMENT # \$99800 1. Entity Name 04-27-2005 90347 016 \*\*\*150.00 6708 FOREST HILL CORPORATION Mailing Address Principal Place of Business 1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH FL 33406 1601 BELVEDERE ROAD 10 5 6 2 1 6 g SUITE 407 SOUTH WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 59-3102151 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent APES GERSON, GARY N. x Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD. **SUITE 1200** WEST PALM BEACH FL 33401 33406 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 red agent and title if applicable (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of regis FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. President, Denector ☐ Addition F۷ Change TITLE ☐ Delete TITLE METZ, JOHN L NAME NAME 8008 S FLAGLER COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP ☐ Addition CDS ☐ Delete TITLE TITLE NAME MEYER, ARTHUR NAME STREET ADDRESS 1601 BELVEDERE ROAD STE 407 SOUTH STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP Secretary, Director **Change** ☐ Addition TITLE ☐ Delete TITLE NAME ASARCH, GAIL NAME STREET ADDRESS STREET ADDRESS 1601 BELVEDERE RD., SUITE 407 SOUTH CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete MAPES, PAUL NAME NAME STREET ADDRESS 1601 BELVEDERE RD., SUITE 407 SOUTH STREET ADDRESS WEST PALM BEACH FL CITY-ST-7IP CITY-ST-7IP TITLE Director ☐ Delete Sydelle Meyen NAME NAME West Palm Beach, EC 33406 STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

GNING OFFICER OR DIRECTOR

with all other like empowered.

changed, or on an attachment with an address

SIGNATURE AND TYPED

SIGNATURE: \_

**FILED** 

05 (561)689-6601