


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 08:00 AM
Secretary of State

DOCUMENT # V07071	
1. Entity Name FOROW, INC.	

Principal Place of Business 4 JEWFISH AVE KEY LARGO, FL 33037	Mailing Address 4 JEWFISH AVE KEY LARGO, FL 33037
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06152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0349729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent MITCHELL, MARY 4 JEWFISH AVE KEY LARGO, FL 33037

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNY, MICHAEL 4 JEWFISH AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, MARY 4 JEWFISH AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSP KENNY, ANN 4 JEWFISH AVE KEY LARGO, FL 33037
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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 like empowered.

SIGNATURE: Mary Mitchell MARY MITCHELL, V.P. 6/15/05 305 451-5228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #