

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90207 031 ***150.00

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**



05302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE Number
65-0349729

Applied for
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. 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

Signature of Registered Agent (if different from above) and fee (add below)

Signature of Registered Agent (if different from above) and fee (add below)

DATE

**FILE NOW!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$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

10. OFFICERS AND DIRECTORS

NAME: **PD**
NAME: **KENNY, MICHAEL**
STREET ADDRESS: **4 JEWFISH AVE**
CITY, ST, ZIP: **KEY LARGO, FL 33037**

NAME: **VP**
NAME: **MITCHELL, MARY**
STREET ADDRESS: **4 JEWFISH AVE**
CITY, ST, ZIP: **KEY LARGO, FL 33037**

NAME: **TSP**
NAME: **KENNY, MARY**
STREET ADDRESS: **4 JEWFISH AVE**
CITY, ST, ZIP: **KEY LARGO, FL 33037**

NAME:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

NAME:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

NAME:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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 this corporation or this facilitator 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, VP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**305 393-9507
305 451-5325**

Mary Mitchell

2/14/08