2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V09045

1. Entity Name

FORWARD ENTERPRISES, INC.



FILED Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business

538 SABAL TRAIL CIRCLE LONGOWOD, FL 32779

Mailing Address

538 SABAL TRAIL CIRCLE LONGOWOD, FL 32779



DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3100939 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, JOAN 538 SABAL TRAIL CIRCLE LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

				IN THIS SPACE			
	named entity submits this statement for the pi ions of registered agent.	urpose of changing its register	red office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and a	ecept	
SIGNATURE	Signature, typed or printed name of registered agent and tille if	applicable. (NOTE: Registere	ed Agent eignature	required when reinstating)	DATE	_	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	<u> </u>	**************************************	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WARD, JOAN 538 SABAL TRAIL CIRCLE LONGWOOD, FL 32779				U00000793089 01/24/08-80034-019 150.00	i.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WARD, JEFFREY 538 SABAL TRAIL CIRCLE LONGWOOD, FL 32779						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			Ì	•			

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 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:

NAME STREET ADORESS CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De)time Phone #