

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90164 035 ***150.00

DOCUMENT # F32843

1. Entity Name

CRABTREE FARMS, INC.



Principal Place of Business

257 MINORCA BEACH WAY
SUITE 504
NEW SMYRNA BEACH FL 32169
US

Mailing Address

257 MINORCA BEACH WAY
SUITE 504
NEW SMYRNA BEACH FL 32169
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2360955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, H WILLIAM
257 MINORCA BEACH WAY
SUITE 504
NEW SMYRNA BEACH FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME STD
STREET ADDRESS WHITE, H. WILLIAM
CITY-ST-ZIP 2801 PENINSULA AVE, UNIT #504
NEW SMYRNA BEACH FL

TITLE ☒ Delete
NAME D
STREET ADDRESS HUGHES, DAVID
CITY-ST-ZIP P.O. BOX 795
LAKE JUNALUSKA NC 28745

TITLE ☐ Delete
NAME P
STREET ADDRESS DOSSEY, VIC
CITY-ST-ZIP 107 GLENDALE DR
WAYNESVILLE NC 28786

TITLE ☐ Delete
NAME D
STREET ADDRESS KOEHLER, DEBBY
CITY-ST-ZIP 2203 BALD CREEK RD
CLYDE NC 28721

TITLE ☐ Delete
NAME D
STREET ADDRESS BRANNON, BILL
CITY-ST-ZIP 665 MYSINGER RD
GREENEVILLE TN 37743

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Charles Roose
STREET ADDRESS 4310 Hickory Shore Blvd
CITY-ST-ZIP Gulf Springs, FL 32563

TITLE ☐ Change ☐ Addition
NAME Charles Roose
STREET ADDRESS 4310 Hickory Shore Blvd -Ops
CITY-ST-ZIP Gulf Springs FL 32563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2426 Dakvew Lane
CITY-ST-ZIP Sevierville TN 37876

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

H. W. White

H. W. White Sec & Treas.

2-25-05

(386) 427-0895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #