

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90242 022 ***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

Suite, Apt. #, etc.

3. Mailing Address

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROOSE, CHARLES
4310 HICKORY SHARE BLVD
GULF SPRINGS FL 32563 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Chuck Fultz
PO Box 1417
Lake Junaluski NC 28745 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Bobbie Lowe
236 Cabin Cove Rd.
Clyde NC 28721 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRANNON, BILL
2426 OAKVIEW LANE
SEVIERVILLE TN 37876 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Sue Cox
92 N. Main St
Canton, NC 28716 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

H.W. White H.W. White, Sec. & Treas.

3-16-06

(386) 427-0895