

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90054 008 \*\*\*150.00

**DOCUMENT # F52232**  
 1. Entity Name  
**THE MONEY TREE OF MELBOURNE, INC.**



Principal Place of Business  
 2527 S HARBOR CITY BLVD  
 2527 S. HARBOR CITY BLVD.  
 MELBOURNE FL 32957  
 US

Mailing Address  
 C/O ROBERT S. PALMER  
 2527 S. HARBOR CITY BLVD.  
 MELBOURNE FL 32901



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State  
 Zip

City & State  
 Zip

4. FEI Number **59-2156869**  
 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	
PALMER, ROBERT S. 2527 S. HARBOR CITY BLVD. MELBOURNE FL		Name Street Address (P.O. Box Number is Not Acceptable) <i>Same</i> City <b>FL</b> 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 *Robert S. Palmer President* 1/30/06  
 (NOTE: Registered Agent signature required when reinstating)

**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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALMER, DEBORAH J			NAME			
STREET ADDRESS	2527 S HARBOR CITY BLVD			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALMER, ROBERT S			NAME			
STREET ADDRESS	2527 S HARBOR CITY BLVD			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDMONDS, CHARLOTTE J			NAME			
STREET ADDRESS	3297 NW 7TH AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDMONDS, EDWIN J			NAME			
STREET ADDRESS	3297 NW 7TH AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		<i>DECLASED 1/4/06</i>	CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Robert S. Palmer President* 1/30/06 321-724-1910  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #