

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H43792

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: SUPERIOR TREES, INC.

## Current Principal Place of Business:

HWY U S 90, EAST  
P O BOX 9325  
LEE, FL 320590325

## New Principal Place of Business:

12493 EAST U.S. HWY 90  
LEE, FL 32059

## Current Mailing Address:

HWY U S 90, EAST  
P O BOX 9325  
LEE, FL 320590325

## New Mailing Address:

P O DRAWER 9400  
LEE, FL 32059

FEI Number: 59-2708094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEBB, ALAN  
RT 5, BOX 6699  
MADISON, FL 32340 US

## Name and Address of New Registered Agent:

WEBB, ALAN L  
317 S ARROWHEAD DRIVE  
MADISON, FL 32340 US

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.

SIGNATURE: ALAN L. WEBB

07/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOWELL, ROBERT A.,  
Address: HWY U S 90 EAST  
City-St-Zip: LEE, FL

Title: SD ( ) Delete  
Name: WEBB, ALAN,  
Address: RT. 5 BOX 6699  
City-St-Zip: MADISON, FL

Title: VD ( ) Delete  
Name: WEBB, CHARLES H.,  
Address: RT. 5, BOX 6699  
City-St-Zip: MADISON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WEBB, ALAN L  
Address: 317 S ARROWHEAD DRIVE  
City-St-Zip: MADISON, FL 32340

Title: SD (X) Change ( ) Addition  
Name: JONES, SUMMER H  
Address: 1047 SE ROLLERCOASTER HILL RD  
City-St-Zip: MADISON, FL 32340

Title: VD (X) Change ( ) Addition  
Name: WEBB, AMY H  
Address: 317 S ARROWHEAD DRIVE  
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUMMER H. JONES

SD

07/01/2005

Electronic Signature of Signing Officer or Director

Date