


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90030 045 \*\*\*150.00

<b>DOCUMENT # J47575</b> 1. Entity Name <b>FERNTRUST, INC.</b>					
Principal Place of Business <b>% WILLIAM C. KEEBLER</b> <b>2184 U.S. HIGHWAY 17 NORTH</b> <b>SEVILLE, FL 32190-7839</b>			Mailing Address <b>P.O. BOX 9</b> <b>SEVILLE, FL 32190 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2757030</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KEEBLER, WILLIAM C.</b> <b>2184 U.S. HWY. 17 NORTH</b> <b>SEVILLE, FL 32190-7009</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE SD NAME REGISTER, JAMES M STREET ADDRESS 160 REGISTER LANE CITY-ST-ZIP SEVILLE, FL 32190	<input type="checkbox"/> Delete		TITLE D NAME Robert E. Thompson STREET ADDRESS 2099 Turner Lane CITY-ST-ZIP Pierson, FL 32180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME REGISTER, JAMES W. JR. STREET ADDRESS 195 REGISTER LANE CITY-ST-ZIP SEVILLE, FL	<input type="checkbox"/> Delete		TITLE TD NAME Hoblick, John STREET ADDRESS 5695 Johnson Lake Rd CITY-ST-ZIP DeLeon Springs, FL 32130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HOBLOCK, JOHN STREET ADDRESS 250 W. RETTA ST. CITY-ST-ZIP DE LEON SPRINGS, FL 32130	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME KEEBLER, WILLIAM C STREET ADDRESS 110 FALLEN TIMBER TRAIL CITY-ST-ZIP DELAND, FL 32723	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME REGISTER, AMY B STREET ADDRESS 160 REGISTER LN. CITY-ST-ZIP SEVILLE, FL 32190	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME REGISTER, MICHAEL A STREET ADDRESS 240 REGISTER LANE CITY-ST-ZIP SEVILLE, FL 32190	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: Amy B. Register</b> <span style="float: right;"><b>1-6-05</b> <b>386-749-9249</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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