## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINT

## Secretary of State DOCUMENT # J47575 01-16-2007 90202 030 \*\*\*150.00 1. Entity Name FERNTRUST, INC. Principal Place of Business Mailing Address 60000845 % WILLIAM C. KEEBLER P.O. BOX 9 2184 U.S. HIGHWAY 17 NORTH SEVILLE, FL 32190 US SEVILLE, FL 32190-7839 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State 59-2757030 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEEBLER, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 2184 U.S. HWY. 17 NORTH SEVILLE, FL 32190-7009 Zip Code City FL 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 (NQTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD Addition ☐ Delete TITLE ☐ Change TITLE Řegister, James M REGISTER JR, JAMES W NAME NAME 160° Register Lane STREET ADDRESS 195 REGISTER LANE STREET ADDRESS Seville, FL 32190 CITY-ST-ZIP SEVILLE, FL 32190 CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE Robert E. Thompson KEEBLER, WILLIAM C NAME NAME 2099 Turner Lane STREET ADDRESS 110 FALLEN TIMBER TRAIL STREET ADDRESS Pierson, FL 32180 DELAND, FL 32723 CITY-ST-ZIP CITY-ST-ZIP EX VP Addition TITLE ☐ Delete TITLE ☐ Change Register, David W HOBLICK, JOHN NAME NAME 180 Register Lane STREET ADDRESS 5695 JOHNSON LAKE RD STREET ADDRESS CITY-ST-7IP Seville, FL 32190 DE LEON SPRINGS, FL 32130 CITY-ST-ZIP □ Change ■ Addition Delete TITLE TITLE KEEBLER, WILLIAM C NAME STREET ADDRESS 110 FALLEN TIMBER TRAIL STREET ADDRESS DELAND, FL 32723 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition REGISTER, AMY B NAME NAME STREET ADDRESS 160 REGISTER LN. STREET ADDRESS SEVILLE, FL 32190 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME REGISTER, MICHAEL A NAME 240 REGISTER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEVILLE, FL 32190 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

Amy B Register

FILED Jan 16, 2007 8:00 am

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