

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47575

Entity Name: FERNTRUST, INC.

FILED  
Jan 05, 2009  
Secretary of State

## Current Principal Place of Business:

% WILLIAM C. KEEBLER  
2184 U.S. HIGHWAY 17 NORTH  
SEVILLE, FL 321907839

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 9  
SEVILLE, FL 32190 US

## New Mailing Address:

FEI Number: 59-2757030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEEBLER, WILLIAM C.  
2184 U.S. HWY. 17 NORTH  
SEVILLE, FL 321907009 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: REGISTER JR, JAMES W  
Address: 195 REGISTER LANE  
City-St-Zip: SEVILLE, FL 32190

Title: PD ( ) Delete  
Name: KEEBLER, WILLIAM C  
Address: 110 FALLEN TIMBER TRAIL  
City-St-Zip: DELAND, FL 32723

Title: TD ( ) Delete  
Name: HOBLICK, JOHN  
Address: 5695 JOHNSON LAKE RD  
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: SD ( ) Delete  
Name: REGISTER, JAMES M  
Address: 160 REGISTER LANE  
City-St-Zip: SEVILLE, FL 32190

Title: S ( ) Delete  
Name: REGISTER, AMY B  
Address: 160 REGISTER LN.  
City-St-Zip: SEVILLE, FL 32190

Title: VD ( ) Delete  
Name: REGISTER, MICHAEL A  
Address: 240 REGISTER LANE  
City-St-Zip: SEVILLE, FL 32190

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: REGISTER JR, JAMES W  
Address: 195 REGISTER LANE  
City-St-Zip: SEVILLE, FL 32190

Title: VD (X) Change ( ) Addition  
Name: KEEBLER, WILLIAM C  
Address: 110 FALLEN TIMBER TRAIL  
City-St-Zip: DELAND, FL 32723

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AMY B. REGISTER

CFO

01/05/2009

Electronic Signature of Signing Officer or Director

Date