

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90046 029 \*\*\*150.00

<b>DOCUMENT # K06923</b> 1. Entity Name <b>CHURCH STREET TRUST, INC.</b>					
Principal Place of Business <b>15380 CR 565A SUITE B GROVELAND, FL 34736</b>			Mailing Address <b>15380 CR565A B GROVELAND, FL 34736 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2860447</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07022007    Chg-P    CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>THALWITZER, KURT E 225 E. ROBINSON ST. STE. 600 ORLANDO, FL 32801</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PAYNE, SHERYL 10900 MATTIODA RD GROVELAND, FL 34736	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAYNE, JOHNNY 10900 MATTIODA RD GROVELAND, FL 34736	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PAYNE, JUSTIN L 11529 SANDY RIDGE AVE CHERMONT, FL 34714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Payne, JOHN 10900 MATTIODA Rd Groveland, FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PAYNE, JUSTIN L. 10872 MATTIODA RD. GROVELAND, FLORIDA 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> <i>Sheryl Payne</i>		7/2/07    352-242-4593			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	