

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


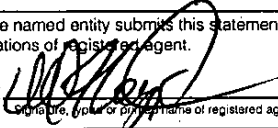
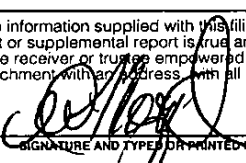
**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90054 044 \*\*\*150.00

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02032005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000071717					
1. Entity Name THE GREAT MALTBY OAK TREE CO., INC.					
Principal Place of Business 312 ST. JOHNS AVENUE PALATKA, FL 32177			Mailing Address 312 ST. JOHNS AVENUE PALATKA, FL 32177		
2. Principal Place of Business 315 SR 207		3. Mailing Address P.O. Box 129			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State East Palatka, Fla		City & State Palatka, Fl 32		4. FEI Number 59-3670484	
Zip 32131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLOYD, U D 312 ST. JOHNS AVENUE PALATKA, FL 32177			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 315 SR 207 City East Palatka FL Zip Code 32131		
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  DATE 2/3/05 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLOYD, U D 312 ST. JOHNS AVENUE 315 SR 207 PALATKA, FL 32177 East Palatka, Fl 32131 <input type="checkbox"/> Delete =		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: 			Date 2-3-05 386-325-1950 Daytime Phone #		