

**2004 FOR PROFIT CORPORATE  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90013 022 \*\*\*150.00

**DOCUMENT # P00000109879**

1. Entity Name  
**POSSOM TROT RIVER TOURS, INC.**

Principal Place of Business  
3300 MONTE VISTA ST  
PORT ST LUCIE, FL 34952

Mailing Address  
3300 MONTE VISTA ST  
PORT ST LUCIE, FL 34952

**54012479**



02242004 No Chg-P C

4. FEI Number  
**65-1062926**

5. Certificate of Status Desired [

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TREAKLE, GARY M  
3300 MONTE VISTA ST  
PORT ST LUCIE, FL 34952

**DO NOT WRITE  
IN THIS SPACE**

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. the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | D                       |
| NAME           | TREAKLE, GARY M         |
| STREET ADDRESS | 3300 MONTE VISTA ST     |
| CITY-ST-ZIP    | PORT ST LUCIE, FL 34952 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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 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; 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Gary M. Treakle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-24-04*  
Date